



Alabama's Community Waiver Program 1915(c) and 1115(a) Demonstration

Quarterly Monitoring Report

01/01/2024 – 03/31/2024

Contents

STC 41: Operational Updates	5
Operational Accomplishments	5
Outreach and Enrollment	5
Enrollee Success Stories.....	5
Most Utilized Services.....	7
Policy and Administrative Difficulties in Operating the Demonstration	7
ADMH/DDD Staffing Challenges, Underlying Causes, and Strategies to Address Challenges.....	9
Enrollment Challenges	9
Provider Claims Approvals and Timely Provider Payments for Services Rendered	10
Other Key Challenges, Underlying Causes, and Strategies Implemented to Address these Challenges	10
Key Achievements and Conditions or Efforts Attributed to Success	11
Ensuring Fully Trained Direct Support Professional Workforce for the CWP.....	11
Ensuring Quality through a Collaborative Partnership with The Council on Quality Leadership (CQL)	12
Collaboration with Alabama Department of Vocational Rehabilitation (ADRS)	13
Information Technology System.....	13
Administrative Code.....	14
Identified Beneficiary Issues and Complaints.....	14
Lawsuits and or Legal Actions.....	14
Legislative Updates.....	14
Unusual and Unanticipated Trends.....	16
STC 41: Performance Metrics	16
A. Data Demonstrating How the State is Progressing Toward Meeting the Demonstration’s Goals	16
Program Goal #A1: Enroll five hundred (500) participants in first year of CWP.	16
Program Goal #A2: Support participation in competitive integrated employment by CWP participants	19
Program Goal #A3: Keep families together and supporting independent living as the optimal community living options	20
Program Goal #A4: Support use of self-direction by CWP participants	21
B. Data demonstrating the effect of the demonstration in providing insurance coverage to beneficiaries and the uninsured population	22
Program Goal #B1: Increase access to Medicaid for uninsured individuals with intellectual disabilities	22
C. Data demonstrating quality of care	23
Program Goal #C1: Ensure high CWP participant satisfaction	23
D. Data Demonstrating Results of Key Policies Adopted Under the Demonstration	24
Key Policy #D1: Utilize settings that conform to the greatest extent with the Medicaid Home and Community Based Services (HCBS) Settings Final Rule	24
STC 41: Budget Neutrality and Financial Reporting Requirements	25
STC 48: Evaluation Activities and Interim Findings	25
STC 30: Preferred Provider Selection	25
Preferred Provider Network.....	25
Preferred Provider Qualifications for Current CWP Providers	27
Monitoring Provider Capacity	27
Method Step #1:	27
Method Step #2:	27
Method Step #3	29
Method Step #4:	30
Method Step #5:	30

Method Step #6:	31
Results of Data Analysis:	31
Conclusion	32
Appendix A.....	33
Indicators for Preferred Provider Selection	33
Appendix B.....	35

Introduction

The Alabama Department of Mental Health's Division of Developmental Disabilities (ADMH/DDD) continues to operate the Community Waiver Program (CWP) in eleven of Alabama's sixty-seven counties. This report covers the second quarter of year three (Y3/Q2) of the demonstration that officially launched on November 1, 2021.

During this quarter, the first CWP participant started receiving Adult Family Home (AFH) services, a new waiver service for DDD in Alabama and only available in the CWP. The Provider Network Manager worked closely with an original agency approved to provide this service during the quarter to get the first home operational for the CWP participant. To boost growth of this service, DDD established an incentive at the beginning of this quarter, using state dollars, to increase the availability of AFHs. During FY24 and FY25, DDD has set a goal to establish 55 AFHs spread throughout all CWP counties. For each approved home that provides the AFH service to a CWP participant for a minimum of 30 days, the AFH direct service provider will receive an incentive of \$2,500. The provider agency overseeing the AFH will receive an incentive of \$5,000. The success story of the first AFH participant will be described later in this report.

Assessing capacity among the provider network is ongoing. Information gained from provider capacity reports, along with input from support coordinators, response rates to referrals (called "Requests for Providers" or RFPs) and service initiation timeframes are all used to determine the availability of providers for needed services. A formal Request for Proposal (RFP) to identify additional provider agencies for the network, including standby providers, was released during this quarter and included information on rate increases pending the approval of the first CWP amendment anticipated October 1, 2024. Selection of new providers utilizing the RFP will occur near the end of the next quarter or early in Y3/Q4.

The number of participants and families that chose to self-direct their services continued to increase in Y3/Q2. To ensure each Employer of Record (EOR) self-directing services remains current in their understanding of self-direction, including any changes that might impact services, a meeting with EORs was held in March 2024. Going forward, this EOR meeting will be held quarterly and include both Financial Management Services Agents (FMSAs), Allied and Public Partnerships, LLC (PPL). These standing meetings will now be held the first month of each new quarter on the third Thursday. The March 2024 meeting was held to introduce attendees to the purpose of the meetings and the process for submitting questions or concerns that participants and families want addressed during future meetings. In addition, during Y3/Q3, training is being held with Support Coordinators to introduce a Toolkit so they can actively assist participants to find self-direction workers if the participants do not already have workers identified.

ADMH/DDD continued to experience staff resignations during quarter two. Two ADMH/DDD support coordinator managers resigned in March 2024, one in Region I and the other in Region V. Fortunately, a second manager was added in Region V in a previous quarter, and this ensured ongoing continuity until the new vacancy is filled. In Region I, a support coordinator senior was assigned lead for the office and a support coordinator manager from Region III provided support and oversight. ADMH leadership is working closely with ADMH Human Resources (ADMH/HR) to expedite the announcement and filling of these positions. As previously reported, DDD worked with HR to develop new classifications for support coordinators that would expand the applicant pool. Previous classifications required a combination of education a minimum of two years' experience to qualify for an entry level position. The new classifications were approved and DDD has seen an increase in applicants for vacant positions. The recent vacancies, along with ongoing vacancies, has contributed to ongoing enrollment lags. During Y3/Q2 a total of 38 individuals were enrolled, bringing the total net enrollments to 414.

Going forward, CWP leadership will continue to focus on enrollments. The enrollment goal has been challenged due to workforce shortages, which have not only impacted support coordination agencies and ADMH/DDD support coordinators, but also the CWP provider network. The goal of 1097 net enrollments established for FY24 is unlikely. A more realistic goal for the year is a total of 732 enrollments as noted in the section of this report addressing STC 30 (see Method Step #5). Additional support coordination provision was expected to roll out in FY24 with the addition of all 310 agencies participating in the service in the eleven demonstration counties. However, the addition of the 310s in the provision of support coordination in all regions requires CMS approval through official waiver amendments. The CWP amendment was recently submitted to AMA for review and CWP leadership is seeking CMS submission and approval of

the amendments by October 1, 2024. CWP leadership remains optimistic these amendments will be submitted and approved by October 1, 2024. Once approved, the addition of 310 support coordinators will increase the number of staff who are available to provide support coordination services. This is expected to positively impact enrollments. To address provider network capacity, rate increases were instituted and a RFP was released to expand the provider network.

Employment remains a primary goal of the CWP. ADMH/DDD employment staff have been working closely with support coordinators in each region by hosting employment planning meetings. These meetings bring all regional support coordinators, VR Counselors, as well as employment provider agencies staff together to work through issues and/or concerns with a goal to improve overall collaboration and boost employment outcomes. These quarterly meetings initially began in Region II and overall, this region has experienced the highest percentage of CWP participants achieving an employment outcome. ADMH benefits planners who are certified community work incentives coordinators (CWICs) continue to provide consultation to support coordinators and benefits planning services to participants and families. During this reporting period, a total of 152 CWP participants had a completed or updated employment assessment. Of the 152 assessed, 27 (17%) are currently employed in Y3/Q2. An additional 25 people were actively seeking employment during this same reporting period.

Overall, the CWP is achieving the primary goals of the program. Participants are able to remain with their families with the provision of in-home supports and services with 88% of enrollees avoiding any community-based residential services, which has created greater program capacity to serve more individuals in need. People are being removed from the waiting list and enrolled before they reach high criticality or crisis. Participation in self-direction is extremely high. Further, employment outcomes remain higher in the CWP compared to outcomes in the legacy waivers. Collaboration among support coordinators, vocational rehabilitation counselors and provider agencies is positive. Again, in Y3/Q2 there were no formal complaints or grievances filed. Finally, success stories submitted by provider agencies and support coordinators, along with feedback from participants and families, highlights that the CWP is making a notable difference in the lives of individuals with intellectual and developmental disabilities in Alabama.

STC 41: Operational Updates

Operational Accomplishments

Below is a list of operational accomplishments ADMH/DDD achieved in Y3/Q2 of implementation of the CWP.

Outreach and Enrollment

There was a net total of 26 enrollments in the CWP during Y3/Q2. At the end of this reporting period, there were a total of 414 net enrollments. A total of 12 people disenrolled from the CWP during Y3/Q2, although one re-enrolled during the quarter.

CWP leadership continues to work closely with both 310 support coordination agencies as well as ADMH/DDD regional office staff to address the enrollment goal for FY24 (Y3) of 732 enrollments.

Enrollee Success Stories

The CWP continues to positively impact the lives of many people in the state of Alabama. Included below are some of the success stories during quarter two of the third demonstration year. Note: First name and last name initials of the individual names will be used to maintain their privacy and comply with all HIPAA regulations.

AW

AW is an example of resilience and determination, whose journey to success was initiated by the employment program offered through the Community Waiver Program (CWP). Her story is a testament to the transformative power of customized support and unwavering dedication.

Before her participation in the CWP, AW faced numerous hurdles on her path to employment. Despite her eagerness to contribute and thrive in the workforce, the lack of appropriate supports left her feeling overlooked. However, the CWP, along with commitment of her provider agency changed the direction of her life.

Through a detailed process of assessment and collaboration, AW's strengths, preferences, and needs were identified. Leveraging the flexibility of the CWP waiver, a customized employment opportunity was developed that was perfectly suited to her abilities and aspirations. Thus, AW found herself employed as a housekeeping assistant at the prestigious Alamite Hotel.

This customized job not only fulfilled her financial needs but also provided her with a sense of purpose and belonging. Working at the hotel, she not only excelled in her role but also found herself surrounded by a supportive community of colleagues. The opportunity for natural support within the company further bolstered her confidence and motivation.

The significance of her success cannot be overstated, as it was made possible after her enrollment into the CWP. Prior to her enrollment, she lacked the necessary supports for success and found herself slipping through the cracks of society. However, through the intervention of the CWP and the dedication of her support team, she not only found employment but also reclaimed her sense of self-worth.

BB

BB is an extraordinary individual whose life experienced a remarkable turnaround utilizing the services offered through the CWP. Before he qualified for the CWP waiver, he faced numerous challenges in his daily life. Despite his talents and ambitions, navigating the world independently seemed daunting. However, the CWP changed the trajectory of his life by providing tailored supports and resources that empowered him to thrive.

One of the most significant impacts of the CWP on his life was his ability to land a job. With the assistance, guidance, and supports he receives at work, he has excelled in his job, earning recognition for his dedication and contributions. His confidence soared as he found fulfillment in his work, realizing his true potential.

BB's journey did not stop there. His participation in the CWP opened doors to exciting opportunities beyond the workplace. Through Big Dreams Outdoors, he discovered his passion for hunting. This newfound hobby not only provided him with an avenue for adventure but also became a catalyst for forging meaningful connections. As he delved deeper into the world of hunting, he found himself surrounded by a supportive network of like-minded people. These successful businesspeople welcomed him with open arms, seeing beyond his disabilities to the person he truly is. They didn't just offer camaraderie; they became true friends.

The bonds he formed through Big Dreams Outdoors transcended mere hobbies. From casual lunches to bowling nights with their families, and even dinners at their homes, he found himself embraced by a circle of genuine companionship. These friendships not only enriched his social life but also broadened his horizons, exposing him to new experiences and perspectives.

The CWP has allowed BB to experience a remarkable transformation. From overcoming obstacles to finding success in his career, and from discovering his passion for hunting to forging lasting friendships, his journey is a testament to the profound impact of community support and the boundless possibilities that unfold when individuals are given the tools to thrive. As he continues to embark on new adventures and embrace the joys of friendship, his story serves as an inspiration to all who dare to dream and live a life without limits.

GS

GS is a 53-year-old sassy, radiant, social butterfly who was the first CWP participant to receive services in an Adult Family Home (AFH) because of limited family support after the death of her parents. She moved in with her new host family in February 2024. The family welcomed her with open arms and has made her a part of their family. She is fully included in all family functions, including a recent reunion and a vacation to the beach. She is familiarizing herself in her new home and surroundings and is receiving the assistance from a Rehabilitation Mobility and Transition Specialist employed with

the Alabama Department of Rehabilitation Services. She is not letting her blindness slow her down in her new home and community.

GS considers herself retired and currently has no desire to work. Her days are spent listening to the television and her favorite music, dancing, eating her favorite snacks/meals, drinking sweet tea, meeting new people, and engaging in daily conversations with anyone who would like to talk to her. She has an astonishing memory. She remembers the names of everyone she talks to from the initial introduction and from listening to their voice.

Prior to her move into the AFH, she was residing in an assisted living facility (ALF) with her father and had little contact with the outside world. This living arrangement was necessary due to her dad’s poor health. Upon his death, she was unable to continue to live in the ALF due to the cost and her desire for a better life. She was able to enroll into the CWP. Distant relatives reached out to ADMH asking for a traditional group home setting. However, once she and her support coordinator met and the AFH service was explained, the goal was set, and she became a welcomed member of her new host family. Her success has set a positive foundation for this new waiver service in Alabama which will open the door for many others moving forward.

Most Utilized Services

At the end of Y3/Q2, the top ten most highly utilized services (i.e., most frequently authorized) across all five regions, in order of utilization, were:

- Self-Directed Personal Assistance – Community
- Self-Directed Community Transportation
- Community Transportation – Agency Paid Driver
- Personal Assistance – Community
- Self-Directed Personal Assistance – Home
- Assistive Technology and Adaptive Aids Devices
- Community-Based Residential Services
- Self-Directed Breaks and Opportunities (Planned Respite) Daily
- Personal Assistance – Home
- Community Integration Connections and Skills Training - 1:1

These trends in utilization are consistent with the goals of the program including community integration, assisting people to be as independent as possible at home and in the community, leveraging assistive technology and aids, and supporting participation in competitive integrated employment. The authorized services also confirm the increase in the number of individuals/families that are choosing to self-direct their services.

Policy and Administrative Difficulties in Operating the Demonstration

Staffing for Y3 (FY24) continues to be a top priority for the CWP. Currently, the total number of ADMH/DDD-CWP support coordinator positions, including managers, across the four regions is 23. During this reporting period, there were two staff resignations and one new hire. This leaves six current vacancies among ADMH/DDD support coordinators. The Region II-310 support coordination agencies currently have a full staff with no vacancies. The data below reflects the addition of one support coordinator hired during this reporting period (Y3/Q2). The new support coordinator classifications were put in place during Y3/Q2 and are as follows: Support Coordinator Trainee, Support Coordinator, Support Coordinator Senior, and Support Coordinator Manager.

Region	Total Staff	Resignations	New Hires	Remaining Vacancies
1	4	1	1	1
2	8	0	0	0
3	3	0	0	3
4	3	0	0	0
5	5	1	0	2

- **Region I (ADMH):** Currently, staffing consists of two support coordinator seniors and two support coordinators. A support coordinator manager was hired near the end of Y3/Q1 but resigned during the second quarter. The employee reported at resignation the position was not a good fit. A second support coordinator supervisor position was approved to prepare for additional enrollees in FY24. There was one hire during this reporting period leaving only the manager position vacant. CWP leadership is working with HR to expedite the announcement so a new manager can be hired during quarter three.
- **Region II (310 Agencies):** Currently, staffing continues to consist of two supervisors, one in each of the counties in Region II and six additional support coordinators. Region II currently reports no vacancies after making one additional hire during this reporting period. The CWP support coordinators in both Tuscaloosa County and Walker County are 310 Board agencies.
- **Region III (ADMH):** Currently, staffing consists of two support coordinator managers and one support coordinator senior. Two support coordinator trainee positions have been vacant for an extended period. Previously, the entry level position required a degree and a minimum of two years' experience. The new classification (trainee) only requires a degree. In recent meetings with HR, CWP leadership confirmed there are now applicants ready to interview for the trainee positions. ADMH/DDD anticipates filling these needed vacancies in quarter three. A job offer was made for the support coordinator senior position that has been vacant since the end of quarter one. The selected candidate accepted the position and should begin her employment during the first month of quarter three.
- **Region IV (ADMH):** Currently, staffing consists of one support coordinator manager, one support coordinator senior, and one support coordinator. An additional trainee position has been approved for this region and the job announcement and hiring should occur in quarter three. There were no staffing changes during the quarter.
- **Region V (ADMH):** Currently, staffing consists of one manager after the second manager resigned during the quarter. In addition to the manager, there are four support coordinators. The manager's position will be announced in quarter three. In addition, a support coordination senior position is vacant.



ADMH/DDD Staffing Challenges, Underlying Causes, and Strategies to Address Challenges

ADMH/DDD previously addressed an underlying cause for the challenges faced in recruiting and retaining support coordination staff. Positions required a degree and a significant amount of experience. The new classifications created maintain the education and experience requirements for the higher-level positions (support coordinator senior and manager) but added a trainee position that only requires a degree in human services. HR confirmed these classification changes have already resulted in a significant increase in applicants for the trainee positions which should result additional hires in quarter three to fill current vacancies.

Enrollment Challenges

CWP enrollment challenges have been ongoing since the CWP launch. Challenges have primarily been a result of workforce shortages both within the 310 support coordination agencies as well as ADMH/DDD. Due to ongoing vacancies, some regions have support coordinators at or exceeding their maximum caseload size. Some support coordination positions have been vacant since the end of year two. Also, as new staff are hired, there is a period of training required before the new staff can take on a caseload. CWP leadership remains optimistic that existing vacancies will be filled in Q3 based on recent communication with HR and confirmation that they are seeing a significant increase in applicants for vacant support coordination vacancies within ADMH/DDD.

Currently, 310 support coordination agencies in the nine counties currently served by ADMH/DDD support coordinators are participating in CWP orientation. We intend for these 310s to begin providing support coordination for the CWP once the amendment is approved by CMS. The addition of these support coordinators should also result in a boost to

enrollments. As previously stated, the early goal of 1097 established for Y3 has been adjusted to a more realistic goal of 732.

Provider Claims Approvals and Timely Provider Payments for Services Rendered

The ADMH/DDD fiscal office continued to address denied claims for CWP services. The denials continue to decrease. Often, denials are a result of provider billing errors. There have been some problems with billing for remote supports due to billing codes discrepancies. The DDD fiscal manager and CWP leadership are planning a brief training with providers of remote support/services in quarter three once permanent fixes are in place.

Other Key Challenges, Underlying Causes, and Strategies Implemented to Address these Challenges

Self-Directed Services (Worker Recruitment)

The first meeting of Employer of Record (EORs) for CWP was held in Q2. This meeting will occur quarterly and provide relevant ADMH/DDD updates and any other applicable information to EORs to support their efforts to self-direct waiver services. Feedback CWP leadership receives most often from families is the poor customer service they experience with their FMSAs. During these quarterly meetings, the two FMSAs (Allied and PPL) participate to answer questions asked by EORs. The CWP continues to see an increase in the number of families who are choosing to self-direct their services. Currently, 55% of people and their families (as applicable) enrolled in the CWP are choosing to self-direct at least one of their services. To address worker recruitment challenges, during Y3/Q3, training is being held with support coordinators to introduce a Toolkit so they can actively assist participants to find self-direction workers if the participants do not already have workers identified. The toolkit and training was developed by Applied Self-Direction, specifically for the CWP.

Emergency Referrals

In Y3/Q2, the Special Review Committee (SRC) reviewed a total of 16 new referrals. The committee adjusted the criteria for a review to be completed by the SRC. The committee analyzed the number of referrals/cases that were presented in Y2 and realized many of the cases reviewed lacked needed information for eligibility and to make an informed decision on the need for services available in CWP Group 4. Often, cases were carried forward while needed information was obtained for a future SRC meeting. Beginning in Y3/Q2, the SRC implemented the following criteria for SRC reviews (referral packet requirements):

- Eligibility Criteria for Alabama Medicaid Service has been determined by the Regional Office - individual has Alabama Medicaid.
- Referrals that meet the Crisis Definition per Alabama Department of Mental Health DD Division.
- Submission of all required documentation to the Support Coordination Supervisor (SCS) by the requesting party or agency.
- Completion of the Reserve Capacity Assessment by the SCS.
- Psychosexual Assessment completion (if applicable).
- Community Mental Health Center Assessment (if applicable).
- Crisis Assessment conducted by the Crisis Stabilization Services (CSS) Team (if applicable).
- Submission of Autism Supporting Documentation (if applicable).
- Provision of Hospital Progress Notes (if applicable).
- Furnishing of requested documentation from the Department of Human Resources (DHR) based on the provided listing (if applicable).
- Submission of Educational Documentation (if applicable).

Of the 16 referrals reviewed by the SRC, one was denied due to failure to meet enrollment criteria, due to the lack of information needed to determine eligibility. Twelve referrals were determined to be emergency and approved for CWP Group 4. One referral was determined to be emergency and able to enroll and served in the CWP enrollment group based on age rather than Group 4. One referral classified as an emergency by a referral source was determined ineligible for CWP Group 4 Enrollment and declined the option to enroll in the CWP enrollment group based on their age. There is one case pending further review. People denied requests for Group 4 enrollment when determined it is not their least restrictive setting are offered enrollment in another group based on their age to ensure continued access to services and

resources. If they disagree with this decision, they are also provided information on how they can appeal the determination of the SRC.

ADMH/DDD continues to assess the availability of resources to meet the needs of emergency referrals. Many of these referrals require crisis stabilization prior to entry into a waiver program. Therefore, DDD has developed contracts with hospitals and community provider agencies with specialized crisis units. The agency is using state dollars to fund these short-term crisis stabilization settings. The goal is stabilization and then enrollment onto the CWP to integrate individuals back into their communities, and in some cases back into their families. In addition, CWP support coordinators are making referrals to Project Transition as described in previous quarterly reports, who bring expertise in ensuring the transitions back to the community are successful.

Key Achievements and Conditions or Efforts Attributed to Success

CWP Staffing

The new support coordinator classifications were implemented in Y3/Q2, and already HR is reporting an increase in the number of applicants they are receiving to fill vacancies. While the new classifications did not lower the overall education and experience required for the career track, it did create an entry level position that only requires a bachelor's degree with no experience. This classification is expected to attract new college graduates who want to work in human services and enable them to get established in a career track that offers promotional opportunities.

CWP leadership continues to hold weekly meetings with all support coordinators for training and other technical assistance. The most recent support coordinator audit of case management activities conducted by Alabama Medicaid on 14 waiver participants and eight support coordinators showed a performance score of 91%. Support coordination leadership will continue to monitor these quarterly audits and address any deficiencies noted by AMA audits.

Provider Network Successes

During Y3/Q2, the provider network increased with the addition of three CWP providers, bringing the overall total to 51.¹ The addition of these providers was necessary to meet gaps in needed services. Of the three additional providers brought into the network, two are providing community based residential services and one is providing support services-community transportation as well as personal assistance in the community and home. Currently, there are five community providers in the process of becoming CWP approved providers. During this quarter, the first referral for the Adult Family Home (AFH) service occurred and was accepted by REM-Alabama in Region V, Jefferson County. In Region I Madison County, REM-Alabama established another Adult Family Home and is finalizing this setting to begin accepting referrals in Y3/Q3. Another AFH provider, Inspiritus, expects to be ready to establish Adult Family Homes serving CWP participants in Y3/Q3.

The provider network meetings continue to be held the second Thursday of every month, allowing providers the opportunity to share concerns, connect with the CWP network, and share agency successes.

Ensuring Fully Trained Direct Support Professional Workforce for the CWP

CWP leadership continued to work closely with the contracted training consultants for the CWP. The Tennessee Board of Regents (TBR) continued to revise the required ECF (Employment Community First) platform that is required of all DSPs delivering CWP services. The primary revisions included lowering the reading level to cover a wider range of agency DSPs' reading and comprehension abilities, reducing the number of connections to work assignments, and making assignments more meaningful. For the general public, the Clear Language Group (www.clearlanguagegroup.com) recommends text written at the eighth grade level or lower. The initial ECF course, previously known as QuiLTSS, was written at an eleventh-grade level. Prior to the recent changes in reading levels, provider agencies often complained that many of their DSP staff had difficulty reading and comprehending the training materials. The training platform was updated to AL-ECF 2.0. Other improvements include the development of an online *learner enrollment form* which makes

¹ Per ADMH/DDD policy and the CWP STCs, providers may only be added outside an RFP process if: (1) the provider is being added to serve a participant transitioning to the CWP from the Living At Home (LAH) waiver, to support continuity in services for the participant; or (2) if an RFP process has been conducted and the needed provider type was not able to be secured through the RFP process. All requirements to become a CWP provider, otherwise required, still apply to any providers added to the CWP network outside the RFP process, consistent with ADMH/DDD policy and the CWP STCs.

registering agency DSPs into the platform very simple and quick. TBR also created an online supervisor enrollment form, so supervisors can monitor their DSPs' training progress throughout the training process.

In addition to the enhancements described above, TBR and the Columbus Group are now providing a \$1300 incentive to DSPs who complete the ECF course. This incentive was awarded to eight DSPs during Y3/Q2. Currently, the network has a total of 92 learners making progress in the training platform, and 82 have completed training and received their certificates. During this quarter, network providers have given positive feedback regarding their training experiencing to include, "the training staff are very helpful and nice, very responsive, the content is easier to understand, and platform is more user friendly" and "the \$1300 scholarship is very attractive!"

Ensuring Quality through a Collaborative Partnership with The Council on Quality Leadership (CQL)

During the reporting period credentialing specialists continued to work with CQL and leadership to establish best practices for the credentialing process. ADMH and CQL met in March to conduct a deep review of the workbooks to ensure required information is obtained. CQL is working on updates to the *Credentialing Guide* based on reviewed changes. Anticipated completion for updates is the end of the fiscal year, October 2024, at which time a copy of the updated Guide will be provided to AMA. The following provider agencies across all five regions participated in credentialing activities during Y3/Q2:

Region I

Arc of Madison County
Physicians Home Health Superstore
Sunbridge

Region II

Tri County Aid
UCP of West AL
Tuscaloosa Supply Company
Ability Alliance of West AL
EasterSeals West AL
Virtuous Women of West AL
Arc of Walker County
Arc of Tuscaloosa

Region III

Scott Residential
Stronger Together
First Light Community of Mobile
LifeCare Services
Saad Enterprises, Inc.

Region IV

Montgomery Center for Independent Living
HealthCare Connection

Region V

Community Options
Glenwood
Arc of Central Alabama
United Ability

DMH Support Coordination (Region I, III, IV, & V)
Night Owl Support Systems (All Regions)
Mentor Healthcare (All Regions)

Volunteers of America Southeast (All Regions)
Professional Medical Fulfillment (All Regions)
SafeinHome (All Regions)

LifeCare Services, Scott Residential, and Arc of Tuscaloosa completed their Credentialing Year One in good standing. VOASE and the Arc of Madison participated in their Year Two quality check during the quarter related to plans agreed upon from their Credentialing Year One.

CWP satisfaction surveys were conducted during the quarter, and detailed information regarding responses is included in the metrics below. Meetings with CQL have been moved to monthly as updates are being reviewed and incorporated into the Credentialing Guide and Workbooks. Credentialing specialists have maintained positive feedback from the provider network regarding the process and transparent communication. Credentialing specialists presented an overview of the CWP credentialing process during a 310 support coordination meeting in February and continue to participate in weekly check-in meetings with CWP leadership to review any updates with the CWP and discuss ongoing credentialing.

[Collaboration with Alabama Department of Vocational Rehabilitation \(ADRS\)](#)

The partnership between ADRS and ADMH remains positive. There were no significant challenges or issues addressed during the reporting period. During Y3/Q2, there were a total of five referrals made to VR, which included four in Region II and one in Region III.

Data from Y3/Q2 employment assessment reports, updated quarterly for CWP participants and verified by ADMH employment specialists, found that 152 individuals had a completed employment assessment, meaning they are enrolled in an age-appropriate group for employment related services. Of this number, 27 are currently employed. Twenty-five individuals are not employed but are actively seeking employment. This demonstrates a competitive integrated employment rate at 17% among those aged 14-64 with a completed employment assessment verifying employment status.

Increasing competitive integrated employment outcomes for CWP participants remains a key goal of the CWP. Three ADMH/DDD employment specialists work closely with support coordinators to aid and encourage their work in promoting employment among CWP participants. Region II continues to lead the state with the most individuals working. The support coordination agency hosts employment planning meetings that include the DDD employment specialists, VR counselors, and employment provider agencies. This collaboration appears to be a key in the success of Region II in employment outcomes. Employment specialists in the other regions are now following the model established in Region II, which we anticipate may increase employment across all regions going forward.

[Information Technology System](#)

[Therap Incident Prevention and Management System \(IPMS\)](#)

The process of launching the Therap CWP Incident Prevention and Management System (IPMS) was initiated in Y1/Q3. As of Y3/Q3, there continue to be reliability and validity issues with the incident data currently in Therap. Beginning in Y2/Q1, ADMH/DDD began a state contract with Therap to replace the current electronic record system (ADIDIS/WellSky). As part of this process, staff are meeting with Therap weekly to discuss improvements to the system, including but not limited to the incident management module and ensuring any updates are consistent with the Access Rule. With the proposed changes, it will be easier to pull incident data and filter by waiver to make better comparisons between the CWP demonstration waiver and the legacy waivers (ID/LAH). However, the projected date of implementation is not until later in Y3 of the demonstration.

Based on the assigned enrollments currently in the Therap system, there were no incidents reported in the CWP for Y3/Q2. However, additional surveillance did reveal one incident that is currently being reviewed. The Office of Quality Assurance met with the CWP providers in May 2024 to discuss the importance of identifying their programs as CWP in the Therap system to identify incidents by waiver and the importance of reporting per the ADMH/DDD Incident Prevention and Management System (IPMS) Manual. The ADMH/DDD IPMS Manual applies to all three waivers. Additionally, during the month of March 2024, a new customized report was developed in Therap that provides

Medicaid identification numbers, which is going to be an alternative way to match the incident data to CWP participants when the programs are not appropriately set up in the system as the identifier.

Administrative Code

There were no updates to the administrative code in Y3/Q2.

Identified Beneficiary Issues and Complaints

There were no formal beneficiary issues or complaints filed during Y3/Q2.

Lawsuits and or Legal Actions

There were no lawsuits or legal actions related to the CWP for Y3/Q2.

Legislative Updates

Below is the outline of legislative activities related to the ADMH-DDD from 1/1/2024 to 3/31/2024.

2024 Regular Legislative Session Dates

- On February 5, 2024, the Commissioner of ADMH presented to the Joint Legislative Budget Committee the Department's budget priorities for FY2025.
- On February 6, 2024, the Alabama State Legislature convened for the first day of the 2024 Regular Legislative Session.
- On February 7, 2024, the Governor submitted her proposed FY General Fund and Education Trust Funds to the legislature.
- The session will continue for, at most, 30 legislative days by May 21, 2024.

FY2025 Appropriation Bills

The Governor introduced her proposed FY 2025 General Fund and Education Trust Fund Budgets in February, neither budget began moving through the Legislature in February or March. The Governor's recommended budget level funds all DDD programs, except for a few slight increases.

- Education Trust Fund Budget, HB 145 as introduced
- General Fund Budget, SB 67 as introduced

Bill Tracking

The ADMH Office of Legislative and Constituent Affairs has tracked bills daily throughout the legislative session. There are 22 bills ADMH is tracking related to DDD.

Bills	Sponsors	Title
<u>HB 12</u>	Adline Clarke	Absentee voting; to allow a disabled voter to designate an individual to deliver the voter's application for an absentee ballot to the absentee election manager; to allow a disabled voter to designate an individual to deliver the voter's absentee ballot to the absentee election manager. (Constitution, Campaigns and Elections (House))
<u>HB 23</u>	Kenyatté Hassell	Absentee ballot affidavit, reason for voting absentee removed (Constitution, Campaigns and Elections (House))
<u>HB 26</u>	Leigh Hulseay	Fire-protection personnel, pre-employment, pre-certification, and annual training related to individuals with sensory needs and certain disabilities, required (Public Safety and Homeland Security (House))

Bills	Sponsors	Title
<u>HB 60</u>	Brock Colvin	Crimes and offenses, crimes of abuse and neglect of an adult with a disability in the first, second and third degree and crimes of financial exploitation of an adult with a disability in the first, second, and third degree, created
<u>HB 126</u>	Leigh Hulsey	Fire-protection personnel and emergency medical services personnel, annual training related to individuals with sensory needs and certain disabilities, required
<u>HB 129</u>	Danny Garrett	Creating Hope and Opportunity for Our Students' Education (CHOOSE) Act of 2024, established to provide education savings accounts (ESAs) for parents of children to use in providing education services for those children.
<u>HB 133</u>	Rex Reynolds	Supplemental appropriations from State General Fund to specified agencies for fiscal year ending September 30, 2024. (Ways and Means General Fund (House))
<u>HB 134</u>	Rex Reynolds	Appropriations from State General Fund for executive, legislative, and judicial agencies of the State, other functions of government, debt service, and capital outlay for fiscal year ending September 30, 2025. (Ways and Means General Fund (House))
<u>HB 182</u>	Craig Lipscomb	Property; provides the owner of a dwelling with a method to request the removal of an unauthorized individual
<u>HB 207</u>	Adline Clarke	Absentee voting; to allow a voter who is disabled, blind, or unable to read to designate an individual to deliver the voter's application for an absentee ballot and absentee ballot to the absentee election manager (Constitution, Campaigns and Elections (House))
<u>HB 222</u>	Kerry (Bubba) Underwood	Sex offenders; restricted employment and volunteer positions further provided for
<u>HB 285</u>	David Faulkner	Motor vehicle registrations, replace International Symbol of Access with Dynamic Accessibility Symbol
<u>HB 413</u>	Cynthia Almond	Guardianships, bill of rights for adults with guardians (Children and Senior Advocacy (House))
<u>SB 1</u>	Garlan Gudger	Absentee voting; prohibit assistance in preparation of; exceptions provided
<u>SB 25</u>	April Weaver	Board of Nursing, authorized by rule to clarify scope of practice of certified nursing support technicians, disciplinary actions clarified
<u>SB 61</u>	Arthur Orr	Creating Hope and Opportunity for Our Students' Education (CHOOSE) Act of 2024, established to provide education savings accounts (ESAs) for parents of children to use

Bills	Sponsors	Title
		in providing education services for those children. (Finance and Taxation Education (Senate))
<u>SB 66</u>	Greg Albritton	Supplemental appropriations from State General Fund to specified agencies for fiscal year ending September 30, 2024. (Ways and Means General Fund (House))
<u>SB 67</u>	Greg Albritton	Appropriations from State General Fund for executive, legislative, and judicial agencies of the State, other functions of government, debt service, and capital outlay for fiscal year ending September 30, 2025. (Ways and Means General Fund (House))
<u>SB 72</u>	Arthur Orr	Off-label medical treatment; adverse action by occupational licensing board because of recommendation, prohibited; patient informed consent, required; cause of action, provided
<u>SB 75</u>	Arthur Orr	Appropriations from Education Trust Fund for the support, maintenance, and development of public education for fiscal year ending September 30, 2025. (Finance and Taxation Education (Senate))
<u>SB 80</u>	Rodger M. Smitherman	Sensitivity training for law enforcement officers (Veterans and Military Affairs (Senate))
<u>SB 131</u>	Will Barfoot	Alabama Behavior Analyst Licensing Board, continued pursuant to Sunset Law until October 1, 2026; Department of Mental Health required to provide certain services and personnel for operation of board

Unusual and Unanticipated Trends

There were no unusual or unanticipated trends for Y3/Q2.

STC 41: Performance Metrics

In Q1 of Demonstration Year One (Y1), the State established a set of key performance metrics aligned with the goals for the CWP. The performance metrics below are intended to provide data to demonstrate:

- A. How the State is progressing towards meeting the demonstration’s goals.
- B. The effect of the demonstration in providing insurance coverage to beneficiaries and the uninsured population.
- C. Quality of care through beneficiary satisfaction surveys and grievances and appeals.
- D. How the demonstration is ensuring HCBS Rule compliance and advancement of the Rule’s underlying goals.

Additional metrics will be added to future monitoring reports, including metrics evaluating quality of care and cost of care, once sufficient enrollments are achieved to effectively implement these metrics. Below are the initial performance metrics the State established and where available, data is presented for Q2 Demonstration Year Three.

- A. Data Demonstrating How the State is Progressing Toward Meeting the Demonstration’s Goals
Program Goal #A1: Enroll five hundred (500) participants in first year of CWP.

Metric #1: Total enrollments as compared to total targeted enrollments for the reporting period.

Numerator: Total net enrollments for the reporting period.

Denominator: Total targeted net enrollments for the reporting period.

Data Collection Methodologies: Enrollments are pulled monthly by AMA and provided to ADMH IT staff for comparison to ADIDIS. IT staff send the information to the ADMH/DDD data analyst. These enrollments are compared to the enrollments entered into a tracker maintained by the waiver administrator staff. Disenrollment is subtracted from gross enrollments to determine net enrollments for both the quarter and net enrollments since inception of the waiver. A report summarizing enrollments during the reporting period is taken from the tracker to obtain the numerator. The denominator is based on the table below illustrating the Anticipated Pace of Enrollments, which corresponds with each quarterly and the first annual STC reporting periods.

	<u>Total Targeted Net Enrollments Statewide</u>	<u>% of Targeted Net Enrollments for Year 3</u>	<u>Program Inception to Date Net Enrollment Goal</u>
<u>Y3/Q1</u>	<u>95</u>	<u>25%</u>	<u>447</u>
<u>Y3/Q2</u>	<u>95</u>	<u>25%</u>	<u>542</u>
<u>Y3/Q3</u>	<u>94</u>	<u>25%</u>	<u>637</u>
<u>Y3/Q4</u>	<u>95</u>	<u>25%</u>	<u>732</u>

Data for the Reporting Period:

<u>Total Net Enrollments for the Reporting Period</u>	<u>Total Targeted Net Enrollments</u>	<u>Performance</u>
26	95	27%

Data for the Demonstration Year to Date (Y3):

<u>Total Net Enrollments for the Reporting Period</u>	<u>Total Targeted Net Enrollments</u>	<u>Performance</u>
58	190	31%

Data for the Demonstration Since Inception:

<u>Total Net Enrollments for the Reporting Period</u>	<u>Total Targeted Net Enrollments for Program Since Inception</u>	<u>Performance</u>
414	542	76%

Data Discussion:

Enrollments into the CWP did not meet the anticipated pace for targeted number of enrollments for Y3/Q2 due to continued challenges primarily with staffing issues. While the need for updated eligibility information remains for some individuals on the waiting list, the ongoing support coordination vacancies present the primary barrier to increased enrollments. We anticipate an improvement in recruitment of support coordinators with ADMH/DDD utilizing the new classifications.

The initial projected net enrollment of 542 since inception to the end of Y3/Q2 was not achieved as there were 414 people actively enrolled on the waiver.

The net enrollments for Y3/Q2 by region, county and enrollment group are as follows:

Demonstration Month & Region		Counties	Enrollment Group:						
Jan-24			Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Disenrollments	NET
Region 1	Madison		2	0	1	0	0	0	3
	Morgan		0	0	4	1	0	0	5
	Limestone		0	0	0	0	0	0	0
Region 2	Tuscaloosa		0	0	0	0	0	1	-1
	Walker		0	0	0	0	0	0	0
Region 3	Mobile		0	0	0	0	0	0	0
	Baldwin		0	0	0	0	0	0	0
Region 4	Montgomery		0	0	0	0	0	1	-1
	Elmore		0	0	0	0	0	0	0
	Houston		0	0	0	0	0	1	-1
Region 5	Jefferson		0	0	0	5	0	1	4
January 2024 TOTAL:			2	0	5	6	0	4	
								Jan-24 Net Total	9
								Jan-24 Gross Total	13

Demonstration Month & Region		Counties	Enrollment Group:						
Feb-24			Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Disenrollments	NET
Region 1	Madison		0	1	1	0	0	0	2
	Morgan		0	0	1	0	0	0	1
	Limestone		0	0	0	0	0	0	0
Region 2	Tuscaloosa		0	2	2	0	0	2	2
	Walker		0	0	0	0	0	0	0
Region 3	Mobile		0	0	2	1	0	0	3
	Baldwin		0	0	0	0	0	0	0
Region 4	Montgomery		0	0	0	0	0	1	-1
	Elmore		0	0	0	0	0	0	0
	Houston		0	0	0	0	0	2	-2
Region 5	Jefferson		0	0	2	2	0	2	2
February 2024 TOTAL:			0	3	8	3	0	7	
								Feb-24 Net Total	7
								Feb-24 Gross Total	14

Demonstration Month & Region		Counties	Enrollment Group:						
Mar-24			Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Disenrollments	NET
Region 1	Madison		0	0	0	0	0	0	0
	Morgan		0	0	1	0	0	0	1
	Limestone		0	1	1	0	0	0	2
Region 2	Tuscaloosa		0	2	0	0	0	0	2
	Walker		0	0	0	0	0	0	0
Region 3	Mobile		0	0	1	0	0	0	1
	Baldwin		0	0	0	0	0	0	0
Region 4	Montgomery		0	0	0	0	0	0	0
	Elmore		0	0	0	0	0	0	0
	Houston		0	0	0	0	0	0	0
Region 5	Jefferson		0	0	3	2	0	1	4
March 2024 TOTAL:			0	3	6	2	0	1	
								Mar-24 Net Total	10
								Mar-24 Gross Total	11
								Y3/Q2 Net Total	26
								Y3/Q2 Gross Total	38

Program Goal #A2: Support participation in competitive integrated employment by CWP participants

Metric #1: Percentage of working-age CWP participants who enrolled with a goal to obtain or maintain competitive integrated employment

Numerator: Total CWP gross enrollments, ages 14-64, with enrollment priority for obtaining or maintaining competitive integrated employment.

Denominator: Total CWP gross enrollments, ages 14-64, for the reporting period.

Data Collection Methodologies: When enrollments are entered by the regional office wait list coordinator, the ADIDIS “Demographics” screen is also filled in using data from the CWP Waitlist Details Database, including the enrollment priority category. ADMH/DDD is using this demographics screen data in ADIDIS for this metric, which tracks each CWP enrollee’s Enrollment Priority Category selected from the following options:

1. Preserve existing living arrangement
2. Obtain/maintain competitive integrated employment.
3. Preserve existing living arrangement AND obtain/maintain competitive integrated employment.

New enrollees during the reporting period, ages 14-64 and in categories two (2) and three (3), are counted in the numerator.

Using the enrollment report provided by AMA, enrollment priority categories as listed above are added to the report. This report summarizing all new enrollments, for individuals ages 14-64, during the reporting period is used to obtain the denominator.

Data for the Reporting Period:

Total CWP enrollments, ages 14-64, with enrollment priority for obtaining or maintaining competitive integrated employment	Total CWP enrollments, ages 14-64, for the reporting period	Performance
2	17	12%

Data for the Demonstration Since Inception:

Total CWP enrollments, ages 14-64, with enrollment priority for obtaining or maintaining competitive integrated employment	Total CWP enrollments, ages 14-64, for the reporting period	Performance
140	384	37%

Discussion:

Enrollees outside the 14-64 age range were removed from the data. Once removed it was noted 12%, or 2 out of 17, of Y3/Q2 enrollees who were of working age expressed interest in obtaining and maintaining competitive integrated employment. Data indicates 15 of the 17 were Group 4 placements and preserving existing living arrangements as the only enrollment priority this quarter. For all enrollees of working age since inception of the waiver, 37% have expressed interest in obtaining and maintaining competitive integrated employment.

Program Goal #A3: Keep families together and supporting independent living as the optimal community living options

Metric #1: % of CWP participants that are living with family/natural supports or living in an independent living arrangement.

Numerator: Total CWP participants as of the last day of the reporting period that are living with family or other natural supports or living in an independent living arrangement.

Denominator: Total CWP participants as of the last day of the reporting period.

Data Collection Methodologies:

Within the first thirty (30) days of enrollment, support coordinators are responsible for obtaining and entering correct information on “Residence Type” into the ADIDIS “Demographics” screen for each CWP participant. A “Date Residence Type Updated” field is also required to confirm updating of the Residence Type field is occurring at regular intervals. On a quarterly basis, after initial enrollment, the support coordinator is required to collect and record updated information on Residence Type using the required “CWP Face-to-Face Visit Tool.” The support coordinator is then required to use information collected to update the “Residence Type” and “Date Residence Type Updated” in the ADIDIS “Demographics” screen for each CWP participant. A report is pulled from ADIDIS as of the last day of the reporting period to determine how many CWP participants, as of the last day of the reporting period, have a residence type that indicates they are living with family/natural supports or living in an independent living arrangement. This number is the numerator. Data from the ADIDIS CWP Participant File is pulled, as of the last day of the reporting period, to obtain the denominator.

Data for the Reporting Period:

Total CWP participants as of the last day of the reporting period that are living with family or other natural supports or living in an independent living arrangement	Total CWP participants as of the last day of the reporting period	Performance
435	467	93%

Data Discussion: Overall, since the program opened, 93% of CWP enrollees are currently being supported to sustain family/natural living arrangements or live independently. This compares favorably to historical outcomes in the legacy waivers, which show that through 2019, less than half of people with IDD served by these waiver programs were living in their family home with virtually none living in their own home.²

Program Goal #A4: Support use of self-direction by CWP participants

Metric #1: % of CWP participants who are opting to self-direct one (1) or more of their services.

Numerator: Total CWP participants as of the last day of the reporting period who have one (1) or more services in their Person-Centered Plans that can be self-directed and who are self-directing at least one (1) of those services.

Denominator: Total CWP participants as of the last day of the reporting period who have one (1) or more services in their Person-Centered Plans that can be self-directed.

Data Collection Methodologies: Regional office fiscal managers enter service authorizations into ADIDIS from Person-Centered Plans for CWP participants, previously entered into ADIDIS by support coordinators. The denominator is generated by AMA’s report on the current list of participants at the end of the quarter. For this list of CWP participants, a service authorizations report is then run, as of the last day of the reporting period, for all CWP service types that can be self-directed. The total number of CWP participants with one (1) or more CWP service types that can be self-directed authorized constitutes the denominator.

For those CWP participants included in the denominator, a service authorizations report is run, as of the last day of the reporting period, for all CWP service codes that indicate self-directed services are authorized. All CWP participants included in the denominator that have at least one (1) self-directed service code authorized, as of the last day of the reporting period, are counted in the numerator.

Data for the Reporting Period:

Total CWP participants as of the last day of the reporting period who have one or more services in their Person-Centered Plans that can be self-directed and who are self-directing at least one of those services	Total CWP participants as of the last day of the reporting period who have one or more services in their Person-Centered Plans that can be self-directed	Performance
135	245	55%

Data Discussion:

During Y3/Q2, the impact resulting from the range of services that can be self-directed, combined with provider agencies facing a shortage of available direct support workers, continued to increase participation in self-direction. As of the end of Y3/Q2, of those that could self-direct at least one service in their plan, 55% chose self-direction. An increase in the

² The Residential Information Systems Project (RISP) <https://publications.ici.umn.edu/risp/state-profiles/alabama>

number of individuals/families that choose to self-direct their services is expected to continue. The Division is now holding quarterly meetings with EORs so any issues or concerns as well as changes within the self-direction program can be discussed. These meetings include representatives from Financial Management Services Agencies (FMSAs) to ensure they are aware of any difficulties or challenges families encounter with the FMSA process. In addition, during Y3/Q3, training is being held with Support Coordinators to introduce a Toolkit so they can actively assist participants to find self-direction workers if the participants do not already have workers identified. Finally, pending amendments will allow legal guardians and legally responsible individuals to provide some self-direction services which will help participants with securing workers and service utilization increasing.

B. Data demonstrating the effect of the demonstration in providing insurance coverage to beneficiaries and the uninsured population

Program Goal #B1: Increase access to Medicaid for uninsured individuals with intellectual disabilities

Metric #1: % of CWP participants enrolled during the reporting period who qualified for and/or first received Medicaid coverage because of CWP enrollment.

Numerator: Total gross CWP enrollees during the reporting period who initially qualified for and/or first received Medicaid coverage because of CWP enrollment.

Denominator: Total gross CWP enrollments during the reporting period.

Data Collection Methodologies: Enrollments are entered into the ADIDIS Regional Office Waiver Registration Screen by the regional office waiver coordinator. A report summarizing gross enrollments during the reporting period is pulled from ADIDIS to obtain the denominator.

Data for the Reporting Period:

Total new CWP enrollees during the reporting period who qualified for and/or first received Medicaid coverage because of CWP enrollment	Total gross CWP enrollments during the reporting period	Performance
0	38	0%

Data for the Demonstration Since Inception:

Total new CWP enrollees during the reporting period who qualified for and/or first received Medicaid coverage as a result of CWP enrollment	Total gross CWP enrollments during the reporting period	Performance
8	467	1%

Data Discussion:

During Y3/Q2, no one enrolled needed to acquire Medicaid coverage that they qualified for by enrolling in the CWP. Thus far, only 1% of all enrollees have obtained Medicaid coverage as a result of enrolling in the CWP.

C. Data demonstrating quality of care

Program Goal #C1: Ensure high CWP participant satisfaction

Metric #1: % of CWP participants surveyed during quality monitoring activities conducted during the reporting period who have measured satisfaction with the CWP that is at least 85%.

Numerator: Total number of CWP participants surveyed during quality monitoring activities conducted during the reporting period whose measured satisfaction with the CWP is at least 85%.

Denominator: Total number of CWP participants surveyed during quality monitoring activities conducted during the reporting period.

Data Collection Methodologies: Data is pulled from the “CWP Participant Satisfaction Survey” database in which CWP Quality Monitoring staff enter the date and results of each CWP Participant Satisfaction Survey conducted during the reporting period as part of the provider re-credentialing processes. A report is pulled after the end of each reporting period that contains information on the total number of CWP Participant Satisfaction Surveys completed during the reporting period. This number is the denominator.

When the Quality Monitoring staff enter the results for each CWP Participant Satisfaction Survey conducted during the reporting period, the entries result in a calculated satisfaction percentage. Among all CWP Participant Satisfaction Surveys completed during the reporting period, every survey with a calculated satisfaction percentage of 85% or higher is counted in the numerator.

Data for the Reporting Period:

Total CWP participants surveyed during quality monitoring activities conducted during the reporting period whose measured satisfaction with the CWP is at least 85%	Total CWP participants surveyed during quality monitoring activities conducted during the reporting period	Performance
15	15	100%

Data for the Demonstration Year to Date:

Total CWP participants surveyed during quality monitoring activities conducted during the reporting period whose measured satisfaction with the CWP is at least 85%	Total CWP participants surveyed during quality monitoring activities conducted during the reporting period	Performance
34	34	100%

Data Discussion:

The CWP Participant Satisfaction Survey was updated to streamline the survey process, provide clearer direction and questions for people receiving services, and it was implemented using Zoho, an online platform, to simplify reporting in Y3/Q1. The survey was constructed using a Likert Scale. The Zoho survey tool has reporting capability to break down answers individually as well as aggregately. The overall satisfaction score for all 15 surveys during the quarter was 97.22%. There were no individual surveys overall scoring under 85% as noted in the data above. However, it was noted the lowest scores overall during Y3/Q2 were in response to the question “how satisfied are you with the supports you receive from the CWP to help you keep your current living situation,” at 87.5% and “how satisfied are you with the supports you receive from the CWP to help you stay healthy” at 88.89%. The director of the CWP will follow up with the credentialing specialists to identify what can be done to increase satisfaction on maintaining living situations and maintaining best possible health for those interviewed this quarter.

Metric #2: % of CWP participants not filing a grievance and/or appeal during the reporting period.

Numerator: Total CWP participants not filing a grievance and/or appeal during the reporting period.

Denominator: Total CWP participants as of the last day of the reporting period.

Data Collection Methodologies: Data on all filed grievances and appeals is documented in the ADMH/DDD Office of Appeals and Constituency Affairs' grievance and appeals database, which will be used to pull the number of newly filed grievances and appeals during the reporting period.

Data from the ADIDIS CWP Participant File is pulled, as of the last day of the reporting period, to obtain the denominator.

Data for the Reporting Period:

Total CWP participants not filing a grievance and/or appeal during the reporting period	Total CWP participants as of the last day of the reporting period	Performance
414	414	100%

Data Discussion:

In Y3/Q2 there were no grievances or appeals filed with the ADMH/DDD Office of Appeals and Constituency Affairs.

D. Data Demonstrating Results of Key Policies Adopted Under the Demonstration

Key Policy #D1: Utilize settings that conform to the greatest extent with the Medicaid Home and Community Based Services (HCBS) Settings Final Rule

Metric #1: % of CWP participants receiving all services in settings that are not provider owned or controlled.

Numerator: Total CWP participants as of the last day of the reporting period with created Person-Centered Plans who are receiving all CWP services* in settings that are not provider owned or controlled.

**All CWP services is defined as all CWP services on the Person-Centered Plan except:*

- Occupational Therapy
- Physical Therapy
- Speech/Language Therapy
- Community Transportation
- Individual-Directed Goods and Services

Denominator: Total CWP participants as of the last day of the reporting period with Person-Centered Plans created during the quarter.

Data Collection Methodologies: Regional office fiscal managers enter service authorizations into ADIDIS for Person-Centered Plans created during the quarter that have been entered into ADIDIS by support coordinators.

The denominator is generated by using AMA report of unduplicated participants as of the last day of the quarter and running a report from the ADIDIS CWP Participant File for those on AMA's report to identify those with PCP created during the quarter.

For the numerator, a service authorization report will be run for each CWP participant included in the denominator. The two authorizations below will be identified as services that utilize provider owned or controlled settings. Once this is

determined, those with either of these two authorizations will be removed from the overall count to determine the numerator.

- Community-Based Residential Services
- Adult Family Home

Data for the Reporting Period:

Total CWP participants, as of the last day of the reporting period, with a Person-Centered Plan created during the reporting period, who are receiving all CWP services* in settings that are not provider owned or controlled**	Total CWP participants, as of the last day of the reporting period, with a Person-Centered Plan created during the reporting period.	Performance
29	32	91%

Data for the Program Since Inception:

Total CWP participants, as of the last day of the reporting period, with a Person-Centered Plan created during the reporting period, who are receiving all CWP services* in settings that are not provider owned or controlled**	Total CWP participants, as of the last day of the reporting period, with a Person-Centered Plan created during the reporting period.	Performance
349	395	88%

Data Discussion:

Of the 395 participants with created PCPs since inception of the waiver, only 46 individuals received services in settings that are provider owned and/or controlled. This represents 88% of current participants living with family or other natural supports or living in supported living or independently who have created Person-Centered Plans.

STC 41: Budget Neutrality and Financial Reporting Requirements

As of the end of the first quarter (Y3/Q2) of fiscal year 2024, there are no Group 5 individuals placed. The Y3/Q2 CWP-1115 Budget Neutrality Workbook has been sent to the AMA.

STC 48: Evaluation Activities and Interim Findings

STC 48 requires the State to submit to CMS a draft evaluation design, due no later than one hundred eighty (180) days after CMS’s October 21, 2021, approval of the demonstration. Health Management Associates (HMA), the State’s independent evaluator, completed the draft evaluation design, which was submitted to CMS on April 19, 2022. During Y1/Q3, CMS reviewed the design and provided recommendations for the State to consider. The Evaluation Design was approved by CMS on December 6, 2022. HMA continues their evaluation work but does not have any updates to report for Y3/Q2.

STC 30: Preferred Provider Selection

Preferred Provider Network

In the CWP, ADMH/DDD recruits providers for specific CWP services and regions, based on three factors:

1. The need to offer choice of at least two providers for each service to CWP participants.
2. The need for additional provider capacity based on referral acceptance rates and service initiation timeframes for each specific service experienced by existing CWP participants.
3. The need for additional provider capacity based on anticipated demand for each service among the anticipated new enrollments into the CWP.

This allows the State to manage provider network capacity in a way that reflects CWP enrollees' desires for services, as determined through a conflict-free person-centered assessment and planning process. As compared to a network management strategy requiring the State to contract with any willing provider for specific CWP services and regions, regardless of whether additional provider capacity is needed, the approach used in the CWP prevents unbalanced provider capacity from developing that leads to excess capacity in certain services, thus influencing the identification of services in participants' person-centered planning processes. Instead of being based on participants' defined outcomes and assessment of related needs, identification of services can instead be driven too much by the services willing providers desire and do not desire to offer. The CWP's ability to limit, while maintaining the adequacy of, the provider network seeks to address this issue and avoid over-utilization of certain services based on provider preference to provide, rather than a conflict-free person-centered assessment and planning process. Secondly, when a state must contract with any willing provider, the number of providers enrolled for a 1915(c) waiver can become too high for the State to adequately and effectively oversee, forcing too many resources of the State oversight agency to go to basic enrollment and compliance monitoring rather than true quality assurance and improvement work. For example, most of ADMH/DDD staff's time for managing the legacy waiver provider network has gone to addressing compliance issues with poor performing providers, leaving little to no time to work with better performing providers on quality improvement and innovation. Over time, this has created a natural tendency for ADMH/DDD to establish more rules and restrictions on flexibility in response to the focus on poor performing providers. Thirdly, when there are more providers than are needed to meet participant demand, all participating providers receive fewer referrals than needed to operate effectively and efficiently, particularly when a waiver program is smaller in size. This can compromise the success of all providers. Lastly, increasing the number of provider agencies in a waiver provider network does not automatically translate into more DSP availability, which is the real key to increasing the availability of services. Instead, it can mean, particularly in the current workforce crisis, that more provider agencies subsequently compete for the same limited pool of workers, again compromising the sustainability of all provider agencies as an unintended result.

Under the CWP 1115(a) demonstration waiver approval, the State received federal authorization to limit the provider network based on need for capacity and provider performance. While ensuring choice of provider for the CWP participant is paramount, a limited provider network can be critical for ensuring:

- The network is made up of only the highest performing providers.
- Providers can receive enough referrals to operate effectively and efficiently.
- ADMH/DDD has sufficient capacity to work with the providers on quality improvement and innovation.
- The Provider Readiness Initiative funding is sufficient to adequately invest in and support the full provider network.
- Unnecessary rules and limitations are not placed upon providers in ways that make it difficult for providers to deliver quality services.
- Providers can recruit and retain an adequate number of DSPs to maintain their organizations.

The CWP utilizes a preferred provider network, in which providers must meet certain Preferred Provider Qualifications (PPQs) to be selected for enrollment. In addition to giving the State the ability to better ensure the provider network is the highest quality and allowing more flexibility, as described above, this also allows the State to rebalance state resources to offer more quality-oriented training and technical assistance to providers, along with rightsizing and reorienting toward more collaborative State compliance monitoring processes. ADMH/DDD maintains documentation of each provider's PPQ score.

The CWP preferred provider network must be: (1) recruited through an RFP process;³ (2) meet PPQs as set forth in the waiver agreements governing the CWP; and (3) selected based on RFP score, consistent with the standards, terms and conditions set forth in applicable waiver agreements governing the CWP. Further, monitoring of provider network adequacy must be done in a systematic way, consistent with the standards, terms, and conditions set forth in applicable waiver agreements governing the CWP.

Strategic steps identified at the end of demonstration Y1 and taken in Y2 have been designed to ensure ADMH/DDD can secure the necessary providers for all services in the CWP, including stand-by providers. ADMH/DDD is committed to maintaining an appropriate number of providers available for each type of service offered in the CWP based on the geographic area and number of current and anticipated enrollments in each area. ADMH/DDD developed methods for monitoring provider capacity as discussed below and required under the CWP Waiver approval.

Preferred Provider Qualifications for Current CWP Providers

The maximum PPQ score achievable by a provider is fifty (50). The minimum PPQ score for a provider to be admitted to the CWP network, if selected through the RFP process, is twelve (12). However, ADMH/DDD has been able to recruit and establish a provider network for the CWP that collectively achieved an average PPQ score of twenty-four (24), with a range of scores from twelve (12) to forty-two (42). The re-credentialing process has an integral focus on assisting existing providers to increase their PPQ scores over time. *See Appendix A for Indicators on Preferred Provider Selection.*

Monitoring Provider Capacity

The State is monitoring provider capacity on a monthly and quarterly basis.

1. A standardized tool for CWP providers to report service initiation and projected future capacity to accept new referrals was developed and implemented during Y1 of the demonstration.
2. In demonstration Y1, fields were added to the ADIDIS case management information system to enable CWP support coordinators to track referrals to providers, including dates referrals were made and dates referrals were accepted by providers. These system changes were implemented to monitor provider capacity as defined in STC 30.

The State is reporting the results of its provider network capacity monitoring process in this quarterly monitoring report per requirements of the approved CWP Waiver. The data utilized was collected during Y3/Q2.

Method Step #1:

By service and by region, the State will report any changes to the number of contracted providers.

The number of contracted providers increased by three during Y3/Q2. At the end of this quarter (Y3/Q2), there were 54 providers collectively providing 33 CWP services across the five regions. The State is moving ahead with an additional RFP to be released early in Y3/Q3, highlighting pending, permanent rate increases in most all services as a result of the recent rate study. These permanent rate increases will be implemented after the pending CWP amendment is approved by CMS which will raise expenditure caps to accommodate the rate increases without reducing services to participants.

Method Step #2:

By region, the State will assess existing providers' prospective capacity to accept additional referrals for each service.

Existing CWP providers' reports on prospective capacity for Y3/Q3 are summarized in the chart below. The numbers provided include information collected from providers in March 2024 to identify their prospective capacity in April 2024.

Note: Provider response rate was only 32% (17 of 54 providers). Data very likely underrepresents actual capacity.

³ Per ADMH/DDD policy and the CWP STCs, providers may only be added outside an RFP process if: (1) the provider is being added to serve a participant transitioning to the CWP from the Living At Home (LAH) waiver, to support continuity in services for the participant; or (2) if an RFP process has been conducted and the needed provider type was not able to be secured through the RFP process. All requirements to become a CWP provider, otherwise required, still apply to any providers added to the CWP network outside the RFP process, consistent with ADMH/DDD policy and the CWP STCs.

Providers' Reported Capacity to Accept New Referrals in April 2024 (Q3 of DY3)

	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5
CWP SERVICE					
Adult Family Home	0	0	0	0	0
Assistive Technology and Adaptive Aids	75	50	50	75	25
Breaks and Opportunities (Respite)	0	0	10	0	2
Community Integration Connection and Skills	4	5	10	5	32
Community Transportation	4	5	1	5	26
Community-Based Residential Services	0	1	0	0	3
Employment Supports - Co-Worker Supports	0	10	0	0	24
Supported Employment - Individual: Career Advancement	0	4	4	2	30
Supported Employment - Individual: Support Discovery	0	13	4	6	30
Supported Employment - Individual: Exploration	0	4	0	7	30
Supported Employment - Individual: Job Coaching	0	7	4	5	30
Supported Employment - Individual: Job Development Plan	0	10	4	6	30
Supported Employment - Individual: Job Development	0	10	4	8	30
Supported Employment - Integrated Employment Path	0	1	0	5	30
Supported Employment Small Group	0	0	0	0	32
Family Empowerment and System Navigation Counseling	0	10	10	0	33
Financial Literacy and Work Incentives Benefits Counseling	17	14	14	20	30
Housing Counseling Services	8	12	2	2	27
Housing Start-Up Assistance	14	12	2	2	27
Independent Living Skills Training	17	15	0	5	35
Minor Home Modifications	3	10	0	0	5
Natural Support of Caregiver Education and Training	0	0	0	0	20
Occupational Therapy	0	0	0	0	3
Peer Specialist Supports	13	0	0	0	20
Personal Assistance Community	4	5	5	5	30
Personal Assistance Home	4	5	5	5	30
Physical Therapy	0	0	0	0	0
Positive Behavioral Supports	1	1	2	2	30
Remote Supports Backup Contractor	0	0	0	0	0
Remote Supports Contractor	15	10	10	15	5
Skilled Nursing	0	0	0	0	20
Speech and Language Therapy	0	0	0	0	1

Supported Living Services	0	0	0	0	20
---------------------------	---	---	---	---	----

Method Step #3

Method Step #3: By service and by region, the State will track the number of referrals, the number of referrals accepted, and calculate the referral acceptance rates.

During Y3/Q2, referral acceptance rates continued to be tracked through support coordinator data in the ADIDIS system and provider monthly reports. With the ending of the COVID-19 public health emergency, according to the terms and conditions of the CWP, the State is required to seek additional providers when, by service and region, the average referral acceptance rate drops below 80%. The data for Y3/Q2 is summarized in the table below:

Service Title: Services Used or Sought	R 1 #RA	R 1 #RNA	R 1 RA%	R 2 #RA	R 2 #RNA	R 2 RA%	R 3 #RA	R 3 #RNA	R 3 RA%	R 4 #RA	R 4 #RNA	R 4 RA%	R 5 #RA	R 5 #RNA	R 5 RA%
Adult Family Home	0	2	0%	0	1	0%	0	4	0%	0	2	0%	1	0	100%
Assistive Technology and Adaptive Aids Devices - CWP	0	0	N/A	6	0	100%	10	0	100%	18	3	86%	0	0	N/A
Breaks and Opportunities	0	6	0%	0	0	N/A	4	12	33%	11	1	92%	0	0	N/A
Community Integration Connections and Skills Training	1	4	25%	0	0	N/A	2	0	100%	18	1	95%	32	1	97%
Community transportation – Agency Paid Driver NO RESIDENTIAL	0	6	0%	3	4	43%	14	21	40%	31	0	100%	5	1	83%
Community-Based Residential Services	0	5	0%	1	2	33%	16	7	70%	14	3	82%	8	5	62%
Independent Living Skills Training	0	0	N/A	0	0	N/A	13	15	46%	10	1	91%	3	0	100%
Minor Home Mods	0	4	0%	0	0	N/A	0	0	N/A	0	1	0%	0	0	N/A
Occupational Therapy	0	1	0%	0	0	N/A	0	1	0%	0	2	0%	4	0	100%
Peer Specialist Supports	0	0	N/A	0	0	N/A	0	0	N/A	7	0	100%	0	0	N/A
Personal Assistance - Community	9	2	82%	1	0	100%	13	20	%	25	0	100%	6	0	100%
Personal Assistance - Home	13	4	76%	0	0	N/A	18	23	39%	15	2	88%	0	0	N/A
Physical Therapy	0	0	N/A	0	0	N/A	0	1	0%	0	1	0%	0	0	N/A
Positive Behavioral Supports:	0	6	0%	0	3	0%	3	3	50%	0	2	0%	0	0	N/A
Remote Support - Monitoring	0	0	N/A	0	0	N/A	2	0	100%	2	0	100%	0	0	N/A
Remote Support - On-Call	0	0	N/A	0	0	N/A	3	0	100%	0	0	N/A	0	0	N/A
Remote Supports - Assmt., Plan, Protocols - Remote Spts Prov.	0	0	N/A	0	0	N/A	0	0	N/A	1	0	100%	0	0	N/A
Remote Supports - Installation of Technology	0	0	N/A	0	0	N/A	0	0	N/A	1	0	100%	0	0	N/A
Skilled Nursing	0	1	0%	0	2	0%	0	0	N/A	0	1	0%	0	0	N/A

Speech and Language Therapy	0	2	0%	0	6	0%	0	2	0%	0	3	0%	5	0	100%
Supported Employment - Individual - Discovery	0	0	N/A	0	0	N/A	0	0	N/A	0	0	N/A	1	1	50%
Supported Employment - Individual Exploration	0	0	N/A	0	0	N/A	0	0	N/A	0	0	N/A	5	0	100%
Supported Employment-Small Group	0	0	N/A	0	1	0%	0	0	N/A	0	0	N/A	0	0	N/A
Supported Living Services	0	0	N/A	0	0	N/A	0	1	0%	0	0	N/A	0	0	N/A

Method Step #4:

By service and by region, the State will track service initiation delays.

Because the COVID-19 public health emergency has now ended, according to the terms and conditions of the CWP, the State is now required to seek additional providers when, by service and region, the average service initiation delay exceeds 45 days.

There were a total of 30 new service initiations reported by providers in Q2. Based on all service initiations tracked and reported in Y3/Q2, the average length of time from referral acceptance (as reported by the provider) to service start was 18 days with the range from 0 to 67 days. This represents another significant reduction from Y2/Q4 when the average length of time was 26 days. However, due to continued concerns about lack of complete reporting from providers, ADMH/DDD concludes this method step supports the need to release an RFP in Y3/Q3. The RFP will cover all services in all regions and will address the need for a full array of standby providers as well.

Method Step #5:

By service and by region, the State will calculate the anticipated need for additional provider capacity to serve planned, new enrollments, basing need on service utilization patterns for existing enrollees.

Concerns about the validity of the data with Method Steps #2 and #3 particularly, as explained above, continued to impact the State’s ability to accurately report the number of CWP participants waiting for specific services, which is part of the data utilized for Method Step #5. However, supplementary data was collected directly from support coordinators at the beginning of Y3/Q3 to help provide accurate information about the need for providers of particular CWP services in each region. As of 4/13/24, CWP support coordinators reported 27% of enrollees who had been enrolled >60 days were waiting for a provider for at least one service, with the average being two services among these 109 enrollees.

CWP Service	Reg 1	Reg 2	Reg 3	Reg 4	Reg 5	TOTAL
Assistive Technology & Adaptive Aids	0	0	0	3	0	3
Respite Breaks and Opportunities	6	0	12	1	0	19
Community Integration Connections & Skills Training	4	0	0	1	1	6
Community Transportation	6	4	21	0	1	32
Supported Employment-Discovery	0	0	0	0	1	1
Supported Employment-Small Group	0	1	0	0	0	1
Independent Living Skills	0	0	15	1	0	16
Minor Home Modifications	4	0	0	2	0	6
Occupational Therapy	1	0	1	2	0	4
Personal Assistance-Home	4	0	23	2	0	29
Personal Assistance-Community	2	0	20	0	0	20
Physical Therapy	0	0	1	1	0	2
Positive Behavior Supports	6	3	3	2	0	14
Skilled Nursing	1	2	0	1	0	4

Speech & Language Therapy	2	6	2	3	0	13
Supported Living Services	0	0	1	0	0	1
Adult Family Home or Community-Based Residential	7	3	11	5	5	31

Taking account of this information, the number of projected new enrollments (by region) expected to occur during the upcoming month are calculated by the CWP director, based on a directive from the ADMH/DDD Associate Commissioner on total number of statewide CWP enrollments to be achieved during the demonstration year. Based on net enrollments in the first two years of the demonstration, which were less than was targeted, the goal for Y3/Q3 is 159 total enrollments, or 53 enrollments per month. Enrollments are also targeted based on regions with the most current slot capacity with a recognition that emergency enrollments will always be done at the time the need is identified.

Total New Enrollees Anticipated in Next Month	
Region I	1
Region II	10
Region III	1
Region IV	1
Region V	40
Total Statewide	53*
	<i>*Target necessary to stay on pace to have 732 enrolled in CWP by 9/30/24</i>

For each region, service utilization rates for existing enrollees are used to determine how many projected new enrollees will require each CWP service. For each utilized service in each region, the anticipated number of new enrollees needing each service is calculated. Additionally, the number waiting for each service in each region, as of 4/13/24, as noted in the above table, is added to the projection of capacity needed. Due to the continued growth of the program, additional provider capacity is needed, ***particularly providers that bring a proven ability and commitment to recruit, retain and allocate new direct service professional hires to provide needed CWP services.***

Method Step #6:

By service and by region, when providers report they are unable to sufficiently expand the number of beneficiaries they are serving (Method #2) to address planned CWP enrollments (Method #5) and/or they are unable to achieve 80% referral acceptances (Method #3) or achieve timely service initiations within 45 days of referral acceptance (Method #4) for existing CWP enrollees, the State is required to initiate the process to increase the number of providers for the impacted service and region (i.e., selection from the Stand-by List and/or initiation of an RFP).

Results of Data Analysis:

With the pending growth of the CWP, nearly tripling the overall slot capacity from 500 to just under 1,500 by the end of the five-year demonstration, there is a need for additional capacity to serve CWP participants that existing providers are not able to meet. There is also a substantial need to increase standby provider capacity and this need cuts across a range of CWP service types and regions.

The core problem with provider network adequacy continues to be the need for more DSPs to deliver services. This will not be solved by simply adding more providers to the network who ***do not have the ability and commitment to recruit, retain and allocate new DSPs to CWP service provision.*** Therefore, the statewide RFP for additional providers to be released early in Y3/Q3, which includes increased rates based on the recent rate study, is expected to allow ADMH/DDD to ***add the necessary provider capacity, including standby providers, that will bring with it CWP DSP service provision capacity.*** Simultaneously, the State will pursue a waiver amendment to both the 1915(c) and 1115 waivers for the CWP to allow for increased expenditure caps for participants to offset the rate increases. It is hoped the waiver amendments and new provider RFP with increased rates for most services will effectively address the provider network capacity issues and ensure both referral acceptance rates and service initiation timeframes consistently fall within the required limits as outlined in the standard terms and conditions for the CWP.

Conclusion

The CWP ended the second quarter of year three (Y3/Q2) with continued key challenges related to the workforce crisis impacting both the availability of adequate support coordination capacity and adequate direct support professional capacity for service delivery. However, ADMH/DDD has now completed a number of critical changes to address these problems including:

- Successful adoption by ADMH/DDD of new HR classifications for support coordinators leading to recent, significant increase in applicants for vacant support coordination positions.
- New coordination internally to increase the pace of enrollments, particularly as support coordination capacity can be increased to ensure adequate staffing to support new enrollments.
- A rate study and comprehensive set of new (largely increased) rates for CWP services to align rates with the post-COVID reality facing providers.
- An RFP ready for release in early Y3/Q3 to recruit additional provider capacity including standby capacity.
- Amendment applications for the 1115(a) and 1915(c) waivers supporting the CWP to make a range of updates necessary to strengthen the CWP and strategically expand access to the CWP to more people with ID in anticipation of enrolling everyone from the waiting list who is seeking immediate services by the end of the five-year demonstration.

In addition to implementing the above strategies to address the most significant challenges facing the CWP, it is also extremely important to note that, for most CWP program goals established by the State, the CWP is achieving impressive outcomes. As of the end of the second quarter of year three (Y3/Q2), the CWP is maintaining positive results in these key program goal areas:

- Number of people coming off the waiting list, including those who have been waiting for many years and those who want to receive services to prevent crisis.
- Percentage of people served who are remaining with their families or living independently with necessary support rather than moving into provider-owned or controlled settings.
- The number and percentage of people employed in competitive and integrated work.
- The rate of self-direction.
- Satisfaction among participants surveyed as part of provider credentialing surveys reaching 100%.
- Attrition dollars from the legacy waiver are successfully being used to create more new slots to accelerate the pace at which the waiting list can be eliminated.

ADMH/DDD is also aggressively pursuing growth of enrollments in the program to full capacity by the end of the five-year demonstration. This includes efforts to expand support coordination capacity provided by ADMH and beginning to have additional capacity provided by the 310 boards in the Region 1, 3, 4, and 5 CWP counties, joining the 310 boards in Region 2 who have been providing support coordination from the inception of the program. This change is pending the CWP amendments and projected to start 10/1/24.

A range of strategies are also in place or being put into place to continue to address emergencies, many of which are for children. The new partnership with Project Transition is underway and will help further develop the State's infrastructure for effective response to individuals facing behavioral or mental health challenges, supporting families with the same challenges, and avoiding unnecessary residential placements or in-patient hospitalizations. Additional short-term stabilization capacity for children and adults has also been added by ADMH/DDD with the goal to avoid long-term residential placement and effectively stabilize individuals in crisis to ensure they can return to living in the most integrated arrangement that can meet their needs.

The CWP continues its focus on supporting families to stay together to align Alabama's approach with neighboring states and the national status quo. The goal is supporting individuals with ID primarily through individualized and personalized supports in their own homes and communities, by bringing services to people rather than expecting people to go to special settings to get the supports they need to thrive. Change does not occur quickly, but the CWP continues to lay the groundwork for a sustainable, authentic home and community-based services program that has ending the waiting lists as a primary goal.

Appendix A

Indicators for Preferred Provider Selection

Each PPQ is weighted on a score from two (2) to five (5) based on the relevant strength of the indicator in predicting the provider's ability to deliver CWP services effectively.

- Minimum score to be a Preferred Provider = twelve (12) resulting from a positive score in at least three (3) of the five (5) areas identified below to qualify. This means the provider must earn points for a minimum of one (1) component in three (3) of the five (5) areas and achieve a total score of twelve (12) or higher to qualify.
Exception for providers serving a beneficiary that voluntarily transitions from the ID or LAH Waiver into the CWP: If the transferring provider does not meet the minimum score of twelve (12), but does score between nine (9) and eleven (11), the transferring provider will have a six-month grace period to achieve a minimum score of twelve (12), resulting from a positive score in at least three (3) of the five (5) factors – but only if the transferring provider contractually agrees to receive technical assistance from the State during the grace period to help the provider achieve the minimum qualifying score. During this grace period, the transferring provider will only be allowed to serve the transferring beneficiary from the ID or LAH Waiver. After the grace period, if the provider successfully achieves the minimum qualifying score to be a preferred provider, as described in Attachment D, the provider will be permitted to compete and be selected in a subsequent RFP process to serve all CWP beneficiaries.
- Maximum possible score is fifty (50).

Area I. Experience with Waiver Service Provision

A. 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. (5 Points)

B. The provider is a contracted provider of HCBS for individuals with ID in another state or the ADMH/DDD Autism program. (3 Points)

C. The provider employs or contracts with an appropriately licensed professional(s) in one (1) or more specialty areas (behavioral services, occupational therapy, physical therapy, speech language pathology, orientation and mobility, nurse education, training, and delegation), and this professional's role will involve training and/or consultation with direct support staff employed by the provider in supporting individuals with intellectual disabilities enrolled in the CWP as verified by the provider's proposed staffing chart for the CWP and the licensed professional's position description(s) or contract(s). (3 Points)

Area II. Independent Accreditation

A. The provider holds accreditation, or is actively seeking accreditation ("actively seeking" means applied for and paid for accreditation within three months of applying to be part of the CWP network) from any of the following nationally recognized accrediting bodies (4 Points):

1. Commission on Accreditation of Rehabilitation Facilities (CARF) minimum provisional accreditation
2. The Council on Quality and Leadership (CQL) accreditation in at least one (1) of the following:
 - i. Quality Assurance Accreditation
 - ii. Personal-Centered Excellence Accreditation, or
 - iii. Person-Centered Excellence w/ Distinction Accreditation
3. Council on Accreditation (COA) accreditation for Private Organization covering, at minimum, services for people with intellectual and developmental disabilities.

B. The provider has obtained Systemic, Therapeutic, Assessment, Resources, and Treatment (START) program certification, START network partner certification, or has at least one (1) staff person who has completed START

coordination certification and whose time will be at least 50% dedicated to serving referrals from the CWP, as verified by the provider's proposed staffing chart for the CWP. (3 Points)

Area III. Support of Person-Centered Service Delivery

A. The provider has demonstrated leadership in assisting individuals with intellectual disabilities to pursue their interests and goals in their local community through community involvement, participation, and contribution, verifiable by documentation of outcomes achieved by individuals with ID (a random sample of 5% - minimum 5 persons) served by the organization. (3 Points)

B. The provider has policies and processes in place to support individuals served to exercise choice regarding direct support staff assigned to work with them; and the provider has a strategic goal (and documented plan with evidence of implementation occurring) to increase the extent to which individuals served have choice regarding direct support staff assigned to work with them. (3 Points)

C. The provider is willing and able to recruit and provide staff who are linguistically competent in spoken languages other than English when one (1) of these languages is the primary language of individuals enrolled in the CWP and/or their primary caregivers, verifiable by provider policy and staff position descriptions/contracts. (2 Points)

D. The provider is willing and able to assign staff that are trained in the use of augmentative communication aids or methods to achieve effective communication with individuals enrolled in the CWP and/or their primary caregivers, verifiable by provider policy and staff position descriptions/contracts. (2 Points)

Area IV. Support of Independent Living

A. The provider has documented experience of providing HCBS to individuals with intellectual disabilities in their own homes or family/natural support homes (not owned or leased by a provider of services) and in integrated community settings (not in provider owned or operated non-residential facilities), verifiable by provider policy, existing HCBS contract(s), and service delivery records. (4 Points)

B. The provider has assisted a person(s) supported by the agency in residential services to successfully transition into an independent or supported living arrangement, verifiable by provider policy, case examples, and service delivery records. (4 Points)

Area V. Support of Integrated, Competitive Employment and Community Inclusion

A. The provider has experience assisting individuals with intellectual disabilities to obtain and/or maintain individualized, competitive, integrated employment where an HCBS service provider is not the employer of record. This is evidenced by the provider's data, for a three-month period with an end date within six (6) months of applying to become a CWP provider, showing the percentage of individuals with intellectual disabilities served (regardless of services provided) who are working in individualized, competitive, integrated employment is at least 15%. (4 Points)

B. The provider is a contracted provider for Alabama Department of Rehabilitation Services. (4 Points)

C. The provider can demonstrate relationships with other non-disability specific and non-Medicaid funded community organizations, associations and/or businesses that can be leveraged to assist individuals with intellectual disabilities in pursuing and achieving employment and integrated community involvement goals, as evidenced by at least three (3) letters of commitment from such community-based organizations to work with the providers in order to help persons supported by the provider to achieve such goals. Three (3) letters of commitment are required per county that the provider is applying to serve through the CWP. Letters of commitment from other ID, LAH, CWP, Autism, or mental health service providers will not be counted. (4 Points)

D. The provider is a consumer-led organization with a board of directors, more than 50% of whom have developmental disabilities. (2 Points)

Appendix B

CWP Participant Satisfaction Survey

Person Surveyed: _____

DOB: ____ / ____ / ____

Interviewer: _____

Survey Date: _____

Initial Interview: Yes No

Follow Up Interview: Yes No

Re-Credentialing Visit for Which Provider? _____

Think about your experience in the Community Waiver Program as you answer the following questions.

Daily Life

1. Do you have more choice about how you spend your time since you enrolled in the Community Waiver Program?



shutterstock.com : 1442799026

- Dark Green: Yes definitely
- Light Green: Yes
- Yellow: Not sure
- Orange: Not really
- Red: Definitely not

2. Have you had the opportunity to learn and try new things since you enrolled in the Community Waiver Program?



shutterstock.com : 1442799026

- Dark Green: Yes definitely
- Light Green: Yes
- Yellow: Not sure
- Orange: Not really
- Red: Definitely not

3. Are you seeking a job or already working in a job within your community?

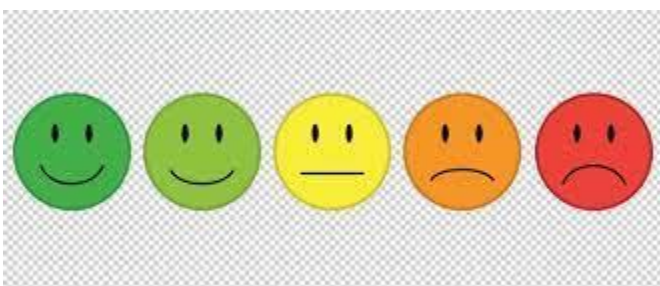


shutterstock.com : 1442799026

- Dark Green: Yes definitely
- Light Green: Yes
- Yellow: Not sure
- Orange: Not really
- Red: Definitely not

4. How much do you feel the Community Waiver Program supports your goal to have a job and work?

- I choose not to work at this time.



shutterstock.com : 1442799026

- Dark Green: I get a lot of support
- Light Green: I get some support
- Yellow: Not sure
- Orange: I don't get a lot of support
- Red: I get no support

5. Has the Community Waiver Program offered you a chance to find out more about how having a job and working could be possible for you?

- I am already working.



- Dark Green: Yes definitely
- Light Green: Yes
- Yellow: Not sure
- Orange: Not really
- Red: Definitely not

6. Are you happy with the Community Waiver Program supports you receive in your home?

- I don't receive Community Waiver Program supports in my home at this time.



- Dark Green: Yes definitely
- Light Green: Yes
- Yellow: Not sure
- Orange: Not really
- Red: Definitely not

7. Are you happy with the Community Waiver Program supports you receive to help you do things in your community?

At this time, I don't receive Community Waiver Program supports to help me do things in my community.



- Dark Green: Yes definitely
- Light Green: Yes
- Yellow: Not sure
- Orange: Not really
- Red: Definitely no

Community Connections

8. Has the Community Waiver Program provided you the chance to meet new people and make new friends?



- Dark Green: Yes definitely
- Light Green: Yes
- Yellow: Not sure
- Orange: Not really
- Red: Definitely not

9. Does the Community Waiver Program help you keep good relationships with other people in your life?

- I do not need this kind of help from the Community Waiver Program at this time



shutterstock.com : 1442799026

- Dark Green: Yes definitely
- Light Green: Yes
- Yellow: Not sure
- Orange: Not really
- Red: Definitely not

10. Has the Community Waiver Program supported you with a romantic relationship?

- I choose not to have a romantic relationship at this time
- I do not need this kind of help from the Community Waiver Program at this time.



shutterstock.com : 1442799026

- Dark Green: Yes definitely
- Light Green: Yes
- Yellow: Not sure
- Orange: Not really
- Red: Definitely not

11. Does the Community Waiver Program support you to belong to a faith-based or religious community or congregation?

- I choose not to practice any religion or belong to a faith community/religious congregation at this time.
- I do not need this kind of help from the Community Waiver Program at this time



shutterstock.com : 1442799026

- Dark Green: Yes definitely
- Light Green: Yes
- Yellow: Not sure
- Orange: Not really
- Red: Definitely not

Community Living

12. Are you happy with the supports you receive from the Community Waiver Program to help you keep your current home?

- I do not need this kind of help from the Community Waiver Program at this time



shutterstock.com : 1442799026

- Dark Green: Yes definitely
- Light Green: Yes
- Yellow: Not sure
- Orange: Not really
- Red: Definitely no

13. Are you happy with the supports you receive from the Community Waiver Program to help you with managing your money and budgeting?

- I do not need this kind of help from the Community Waiver Program at this time



shutterstock.com · 1442799026

- Dark Green: Yes definitely
- Light Green: Yes
- Yellow: Not sure
- Orange: Not really
- Red: Definitely no

14. How safe do you feel in the places where you spend time (ex. home, work, community)?



shutterstock.com · 1442799026

HOME:

- Dark Green: I feel very safe
- Light Green: I feel safe
- Yellow: Not sure
- Orange: I don't feel safe in some environments
- Red: I don't feel safe

OUTSIDE THE HOME:

- Dark Green: I feel very safe
- Light Green: I feel safe
- Yellow: Not sure
- Orange: I don't feel safe in some environments
- Red: I don't feel safe

AT WORK:

- I don't work at this time.
- Dark Green: I feel very safe
- Light Green: I feel safe
- Yellow: Not sure
- Orange: I don't feel safe in some environments

- Red: I don't feel safe

Healthy Living

15. Are you happy with the supports you receive from the Community Waiver Program to help you stay healthy?

- I do not need this kind of help from the Community Waiver Program at this time



- Dark Green: Yes definitely
- Light Green: Yes
- Yellow: Not sure
- Orange: Not really
- Red: Definitely no

16. Does the Community Waiver Program help you get paid staff that you like?



- Dark Green: Yes definitely
- Light Green: Yes
- Yellow: Not sure
- Orange: Not really
- Red: Definitely no

Self-Determined: Rights, Choices, and Personal Control

17. Do paid staff working for the Community Waiver Program respect your choices and preferences?



shutterstock.com : 1442799026

- Dark Green: Yes definitely
- Light Green: Yes
- Yellow: Not sure
- Orange: Not really
- Red: Definitely no

18. Do paid staff working for the Community Waiver Program know and respect your rights?



shutterstock.com : 1442799026

- Dark Green: Yes definitely
- Light Green: Yes
- Yellow: Not sure
- Orange: Not really
- Red: Definitely not

19. Do you feel the Community Waiver Program supports you in trying new things and planning for any risks involved?

- I do not need this kind of help from the Community Waiver Program at this time



shutterstock.com : 1442799026

- Dark Green: Yes definitely
- Light Green: Yes
- Yellow: Not sure

- Orange: Not really
- Red: Definitely not

20. Do you think your Community Waiver Program services you receive help you reach your goals and live life the way you want to?



- Dark Green: Yes definitely
- Light Green: Yes
- Yellow: Not sure
- Orange: Not really
- Red: Definitely not