



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

Quarterly Monitoring Report

10/01/2023 – 12/31/2023

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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 first quarter of year three (Y3/Q1) of the demonstration that officially launched on November 1, 2021.

During this quarter, work continued to focus on enrollments and provider network capacity. Previous reports have included detailed reasons for the enrollment challenges. These are primarily attributed to workforce shortages among both the community 310 support coordination agencies (310 agencies) as well as workforce shortages within ADMH/DDD. There are ongoing vacancies among support coordinators within DDD which have prevented the agency from achieving 100% employment among support coordination staff. In addition to vacancies, DDD support coordinators spent some of their time assisting the 310 agencies in the eleven counties to complete necessary eligibility updates which also slowed enrollments. The partnership between the 310s and DDD support coordinators did result in an increase in enrollments in year two which ADMH/DDD anticipates will continue going forward. Currently, the gross enrollment number for the CWP since the launch is 429, which includes 39 enrollments in Y3/Q1.

ADMH/DDD is preparing to include 310 agencies, in all eleven CWP counties, in the provision of support coordination for the CWP. Since inception, only 310 agencies in Region 2 have been providing support coordination for the CWP. ADMH/DDD has begun preparation to include 310 agencies, in all eleven CWP counties, in the provision of support coordination for the CWP and will be seeking an amendment to facilitate this transition.

CWP leadership continues to stress the importance of employment for participants as one primary goal of the CWP. To support this goal, ADMH/DDD employs three employment specialists who have training and expertise in customized-supported employment. In addition, ADMH/DDD employs four community work incentives coordinators who are working directly with support coordinators, participants, and families to address any benefits related questions or concerns and provide technical assistance, training, and benefits planning services, as needed. The competitive employment rate among working age individuals enrolled in the CWP is satisfactory, and approximately double the rate in the legacy waivers, but further improvements are possible especially with the agency staff team dedicated to employment. During this reporting period, a total of 165 CWP participants had a completed employment assessment. An employment assessment is completed for anyone who is working age (18-64). Of the 165 individuals, 31 are currently employed and an additional 35 are actively seeking employment.

As part of the focus on supporting increasing enrollments, a Request for Proposal (RFP) is planned to add providers to the network where service gaps exist and/or where standby providers are needed. One service DDD is focused on promoting in this RFP is Adult Family Homes (AFHs). This is a new service in Alabama not currently available in the two other waivers operated by DDD. AFHs are intended to support the State's effort to move away from dependence on community-based residential services, supporting people in more individualized, family-like situations. DDD leadership has approved the use of state dollars to incentivize the development of AFH service options across CWP counties. This incentive will provide a start-up payment to both the provider agency coordinating and overseeing the AFH service and the host homeowner/direct service provider.

While initial targets for enrollment were not met within the first 2 years of the CWP, program leadership and staff are proud of the growth that occurred and are actively working on strategies to significantly increase the pace of enrollments in the third year of the CWP.

Analysis of the data presented in this report reveals the CWP is achieving several of the primary goals of the program. The number of people employed in competitive and integrated work is increasing, more people are remaining with their families or living independently with necessary supports rather than moving into provider-owned or controlled settings, the rate of self-direction continues to grow, satisfaction among participants surveyed as part of provider credentialing surveys reached just under 95% this quarter, and attrition dollars from the legacy waivers are being used to create more slots to accelerate the pace at which the waiting list can be eliminated. ADMH/DDD anticipates ongoing growth of the program moving forward.

STC 41: Operational Updates

Operational Accomplishments

Below is a list of operational accomplishments ADMH/DDD achieved in Y3/Q1 of implementation of the CWP.

Outreach and Enrollment

There was a net total of 32 new enrollments in the CWP during Y3/Q1 bringing net enrollments to 388. While some disenrollments are occurring, a comparison of the rate of disenrollment in CWP and the legacy waivers suggests similar trends across all three waivers. CWP leadership continues to work closely with both 310 agencies as well as ADMH/DDD regional office staff to address the enrollment goal for FY24 at 732 enrollments. To achieve this goal, all staff will work together to ensure the required eligibility information is current and updated. In addition, staff will provide necessary outreach to individuals and their families currently on the statewide waiting list in the CWP counties. CWP leadership will provide close monitoring and oversight to ensure the enrollment momentum builds and sustains itself through Y3 (FY24). In Y3/Q2, ADMH/DDD will reassign waiver coordinators from regional community services offices to the office of systems management and waivers. The new supervisor of these waiver coordinators will focus on ensuring they prioritize contributing to the growth of the CWP.

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 Y3/Q1. Note: First name and last name initials of the individual names will be used to maintain their privacy and comply with all HIPAA regulations.

MS

After enrolling into the CWP, MS was referred to the Alabama Department of Rehabilitation Services (ADRS) for employment assistance. He chose the Arc of Tuscaloosa County to be his provider of employment services. ADRS contracts with community providers through a Milestones payment system that allows participants to complete the initial situational assessments (also known as Discovery), job development, job placement, and job coaching/retention services. Initially, there was a delay in MS's ability to pursue employment. His family has no transportation, and they were unable to participate in self-directed services for transportation.

Each time his support coordinator reached out to the employment provider, the issue remained that MS had no transportation or resources to be able to get to work. The support coordinator did not give up and continued to work with MS to research potential transportation options. In November of 2023, a local CWP provider was able to provide community transportation services which enabled MS to get to work once employed.

Job development efforts resumed, and MS was hired at Jack's. He began working in early December of 2023. He is working 12 hours per week and earning \$12.00 per hour. He performs maintenance, cleaning, and stocking for the store. ADRS provided funding for two pairs of non-slip shoes. Jack's provided MS with a shirt and indicated he could wear this with jeans. Thanks to the assistance of ADRS, he has a full uniform.

MS caught on to his job duties quickly with the support of his job coach. The providers of MS's services worked well together and shared responsibility in ensuring MS could get to and from work each day. Currently, one agency is transporting him to work, and another agency provides transportation from work back to his home. This arrangement was the direct result of a team meeting to address a huge barrier for MS and many others: transportation. Not only does this summarize success for MS in his obtaining a competitive job, but it also shows the importance of planning and partnerships in achieving positive outcomes for those receiving waiver services.

KB

KB enjoys being actively engaged with others in his community and has benefited greatly from the CWP's personal assistance community services and supported employment services provided through ADRS. During the past year, KB

began getting out of his home and one could often find him dining at his favorite restaurants, shopping for his favorite item (tennis shoes), getting pedicures at the local nail salon, or playing basketball at the YMCA. In addition, he obtained employment at a local movie theater as an environmental technician. KB is responsible for sanitizing the drink station and counters, as well as cleaning the theater. The managers at the theater provide great feedback on KB's work and truly enjoy having him as a member of their team. The supports and services that KB is receiving through the CWP and from ADRS has truly changed KB's life in a short period of time.

MM

MM is a 24-year-old vibrant, energetic, and courageous young lady who thrives off her abilities, not disabilities. MM enrolled in the CWP in 2022. MM attends PASSAGE USA located at University of South Alabama (a postsecondary, non-degree, certificate program). Also, MM works at USA Women and Children's Hospital as a clerical assistant where she earns \$12.00 per hour, working 10-15 hours per week. In her spare time, she enjoys music, shopping, getting her nails and hair done, going to the movies, and assisting her uncle with coaching youth sports.

Through person-centered planning, MM's team assisted her with defining goals for the future. These goals were turned into a plan that supported MM in achieving her dreams. She wanted to focus on independent living, more opportunities to enhance socialization skills, and employment. Through the CWP, MM is receiving support coordination, independent living skills training, personal assistance home and community, community transportation with competitive integrated employment, and individualized goods and services. MM chose self-directed service delivery. MM's future is bright as she continues to pursue and achieve her goals in life.

JG

JG is a shining example of a success story fueled by unwavering determination and passion for growth. He began his employment journey in 2007 as a cart wrangler and stocker at a local supermarket. Throughout the years, JG tried many positions but felt dissatisfied or unfulfilled. In 2022, he began working at a local car wash. Although his employer often praised him for his excellent commitment to detail and customer service, he yearned for more.

With a resolve to learn, JG began a new course toward a new career path. Desiring to cultivate his customer skills even further, when North Hill Nursing and Rehabilitation Center presented an opportunity, JG was ready to embrace the challenges and rewards of his fresh venture. In October 2023, he began a new chapter with enthusiasm and dedication as he stepped into his new role at his new employer.

JG receives personal assistance services in the community, individual supported employment job coaching services, and community transportation. These services have supported his hard work and efforts to become an invaluable contributor in his new workplace and achieve more independence in his community. Today, he thrives in his role at North Hill Nursing and Rehabilitation Center, a testament to his resilience and unwavering determination to pursue his dreams.

Most Utilized Services

At the end of Y3/Q1, the top ten most highly utilized services (i.e., most frequently authorized) across all five regions, in order of utilization, were:

- Support Coordination
- Community Integration Connections and Skills Training
- Community Transportation
- Independent Living Skills Training
- Self-Directed Personal Assistance – Community
- Agency Personal Assistance – Community
- Employment Services
- Agency Personal Assistance – Home
- Self-Directed Community Transportation

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 transportation services and supporting participation in competitive integrated employment.

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 coordinators, including supervisors, across the four regions is 23, with no resignations this quarter and five vacancies remaining to be filled. The Region II-310 support coordination agencies currently have a full staff with no vacancies. The data below reflects the addition of two ADMH/DDD support coordination supervisors hired during this reporting period (Y3/Q1) to support expansion of the program.

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

- **Region I (ADMH):** Currently, staffing consists of one support coordinator supervisor and three support coordinators. A second support coordinator supervisor position has been approved to prepare for additional enrollees in FY24. Interviews were conducted to add the second supervisor, but the selected applicant declined the position. There remains one support coordinator vacancy and interviews are expected to continue in Y3/Q2.
- **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 one support coordinator supervisor and one support coordinator. An existing support coordinator was promoted during this reporting period to support coordinator supervisor to prepare for additional enrollees in FY24. This staffing change leaves three support coordinator vacancies. There were no resignations during the quarter.
- **Region IV (ADMH):** Currently, staffing consists of one support coordinator supervisor and two support coordinators. There were no staffing changes during the quarter.
- **Region V (ADMH):** Currently, staffing consists of one supervisor and three support coordinators. An existing support coordinator was promoted to supervisor during the quarter to prepare for the additional enrollees. This promotion created one support coordinator vacancy.



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

As previously reported, ADMH/DDD worked with the HR Division to create new classifications for support coordination that would offer employment opportunities to new college graduates without additional experience. These positions have been approved by the State of Alabama Personnel Department and are as follows:

Support Coordinator Trainee: Bachelor’s degree in a human services field.

Support Coordinator: Twelve months current permanent status as a support coordinator trainee.

Support Coordinator Senior: Master’s degree in human services field plus 24 months or more experience in the provision of support coordination services to individuals with intellectual/developmental disabilities or Bachelor’s degree in a human services field with 48 months or more performing duties described above.

Support Coordinator Manager: Master’s degree in a human service field plus considerable experience (48 months or more) in the identification, collaboration, and coordination of resources and/or services for individuals with disabilities, or 24 months current permanent status as a support coordinator senior.

With these new classifications approved, CWP leadership will work with the ADMH HR Division to get current vacant positions posted to move forward with filling all remaining vacancies.

Enrollment Challenges

CWP enrollments are a continuous priority. Each quarterly report has referenced issues with outdated eligibility and challenges with getting information updated due to workforce shortages. To address these challenges, CWP support

coordinators aided the 310 agencies in completing necessary updates for enrollment. As a result of the assistance, the enrollment numbers began to increase in the second year. However, existing support coordinator vacancies in Regions I and III have resulted in maximum caseloads which has caused a decline in enrollments in these regions. ADMH/DDD expects the new support coordinator classifications recently approved and posted to fill vacancies in Y3/Q2 to help with attracting more qualified applicants for current and future vacancies.

The director of support coordination for the CWP recently pulled the waitlist in the eleven counties for additional outreach to continue the enrollment momentum established near the end of the second year. Further, additional supervisors were hired in Regions III and V in anticipation of the additional enrollments projected for the third year. The recruitment of additional support coordinators in all regions is expected to begin in Y3/Q2 to be ready for these increased enrollments above the original 500 participants.

A total of 39 individuals were enrolled into the CWP during Y3/Q1, with seven people choosing to disenroll, which brought the total net enrollments for Y3/Q1 to 32. This contributed to a net overall total of 388 individuals enrolled in CWP services since program inception. During Y3/Q1, those who chose to disenroll made a voluntary choice to disenroll, and one moved out of state.

Provider Claims Approvals and Timely Provider Payments for Services Rendered

The ADMH/DDD fiscal office continued to address denied claims for CWP services. Fortunately, the numbers of denials have decreased since the Third-Party Liability (TPL) edits issues were resolved in year two. Currently, many of the denials are a result of provider billing errors. These errors were addressed during monthly provider meetings during Y3/Q1. Fiscal staff presented during these meetings and addressed common billing errors among provider agencies. There were some minor changes made to codes that impacted the CWP during this quarter. These changes were also shared with the provider network.

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

Self-Directed Services (Worker Recruitment)

Utilization of the option to self-direct some or all CWP services continues to increase among CWP participants/families. Currently 47% of individuals and their families (as applicable) enrolled in the CWP are choosing to self-direct at least one of their services. ADMH/DDD worked with a contractor, Applied Self-Direction, in year two to create resources for staff, individuals, and families to address challenges with finding workers because of the nationwide workforce shortage. The "Support Broker Toolkit" includes specific content on how to find, recruit, and hire self-direction workers, particularly if a participant does not already know someone interested in becoming their self-direction worker. The kit covers three topics: recruiting, hiring, and managing. This toolkit was approved by CWP staff and will be introduced to individuals and their families in Y3/Q2.

Emergency Referrals

In Y3/Q1, the Special Review Committee (SRC) reviewed a total of twenty-five new cases. The committee's assessment resulted in the approval of 8 cases for Group 4, community-based residential services. Additionally, 3 cases were successfully enrolled in their age-appropriate enrollment group for service delivery.

It is important to note 2 cases were closed due to insufficient supporting documentation. ADMH/DDD is actively addressing this to streamline the process and ensure comprehensive documentation moving forward. Currently, twelve cases are pending final review for Y3/Q2 due to the need for additional information.

The SRC process is utilized to assess an individual's need for more intensive support services available in Group 4 for community-based residential services, supported living services, or services in an Adult Family Home (AFH). This process supports the overall goal of the CWP, to prioritize strategies that keep families together. Thus far, the overall percentage of individuals in the CWP who are receiving supports in their own home is 90%, which is greater than the number of people residing in their own home on the Intellectual Disabilities (ID) waiver.

The following data outlines the status of Emergency Placements throughout the regions in Y3/Q1:

- **Total Approved for Group 4: 8**
- **Cases Enrolled in Another Group: 3**
- **Cases Closed due to Insufficient Documentation: 2**
- **Cases Pending Final Review for Q2: 12**

Key Achievements and Conditions or Efforts Attributed to Success

CWP Staffing

The CWP has continued to address staffing vacancies since the launch of the demonstration waiver. The program has been unable to achieve 100% employment among all ADMH/DDD positions budgeted for the CWP. These ongoing vacancies have been a result of the nationwide workforce shortage as well as DDD's decision to utilize existing employment classifications that had stringent requirements for entry level positions. As reported in a previous section of this report, new job classifications were approved and will be implemented in Y3/Q2 to increase the number of applicants for vacant positions. In addition to filling existing vacancies, new positions will be added beginning in Y3/Q2 to serve the additional enrollments above the original 500 with the current staffing plan. These new positions include one new supervisor for Regions I, III, IV and V as well as support coordinators for each of these regions to provide services to the additional 597 projected enrollments for year three.

CWP leadership conducts weekly trainings for support coordinators. During Y3/Q1, the following topics were addressed:

- Development and implementation of PCPs.
- Emergency Placements.
- Required documentation per the CWP Waiver Application (Freedom of Choice, Face to Face Monitoring, and Daily Log).
- Self-Directed Services Training Requirements and Handbook.
- Alabama Department of Rehabilitation Services (ADRS) resource for Minor Home Modifications and Assistive Technology.
- Waiver to Waiver Transfers.

In addition to weekly trainings with support coordinators, the CWP support coordinators completed required Person-Centered Planning training (training on Support Coordination Workflow Production and Professional Strategy Development) during the month of November 2023 to increase the overall quality of PCPs. The purpose of the training was to address the support coordinators' structure of delivering services including time management, organization, workflow, and self-care. The objectives were to discover purposeful techniques to use daily and evaluate over time if they are beneficial in the work environment.

Person-Centered Planning training, oversight, and auditing are priorities for the CWP. Each new CWP support coordinator is responsible for completing the PCP training. The training is designed to share the purpose and philosophy of the PCP, how it applies to the person, and how the Centers for Medicare and Medicaid Services (CMS) has defined care delivery for a person receiving CWP services.

All ADMH support coordinators have successfully completed the PCP training except for one support coordinator that is scheduled for the training in Y3/Q2. Each SC must pass the comprehensive assessment following the training.

Provider Network Successes

During Y3/Q1, the provider network increased with the addition of five CWP providers, bringing the overall total to 51. The two additional providers were approved to deliver community based residential, community transportation, breaks and opportunities, and personal assistance home and community services. There are also four agencies in the process of becoming approved CWP providers to meet participant needs where there are provider and/or service gaps. The Adult Family Home (AFH) service should soon be added to the CWP Network as one provider, Inspiritus, has an executed contract and is in the process of acquiring host homes. Another AFH provider, REM Alabama, has developed two host

homes and is ready to begin offering this service in Y3/Q2. In addition to the new providers, 17 Temporary Operating Agency (TOAs) were requested and approved.

The provider network meetings continue to be held on the second Thursday of every month allowing providers the opportunity to share concerns, connect with the Community Waiver Program Network, and share agency successes. The Tennessee Board of Regents (TBR) and the Columbus Group finalized and rolled out the \$1300 Scholarship incentive intended to encourage Alabama-ECF (Employment Community First) learners to fully engage and complete training in a timely manner. The roll out occurred in November 2023.

The Alabama-ECF training platform underwent an update in December 2023. This update revised the platform's content language, "commitment to work assignments" and the overall user interface because of the provider feedback received from the network. To add to the user-friendly experience, TBR created an ECF Learner enrollment link for provider agency supervisors to enroll their staff instantly. During this quarter, 103 learners were enrolled. The total number of learners since the launch of the CWP has reached 287. The new training platform was named AL-ECF 2.0.

Ensuring Fully Trained Direct Support Professional Workforce for the CWP

CWP leadership remains committed to ensuring agencies enrolled in the CWP provider network participate and complete the required trainings that were developed to prepare staff to deliver quality services that result in quality outcomes. Much of the work in Y3/Q1 focused on changes to the ECF course referenced above. The consistent concerns and complaints from provider agencies since the launch of the CWP centered around customer service and delays in staff being able to move through the training platform. ADMH/DDD staff worked closely with both Columbus and TBR to address the needs for better customer service and response time to providers. TBR has added additional staff to serve as Success Coaches so learners have someone closely monitoring their progress and providing technical assistance and support when needed during course participation. In addition, a new version of the ECF course launched in Y3/Q1 that is intended to improve the overall learner experience and allow learners to move through the course more expeditiously.

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

During Y3/Q1 the ADMH/DDD credentialing specialists continued to work with CQL and leadership to establish best practices for the credentialing process. A meeting between CQL and ADMH occurred on November 28, 2023, to review recommended changes to the credentialing process. Potential changes were reviewed and discussed to determine the next steps. Once changes have been finalized with the process, an updated Credentialing Guide will be provided to the Alabama Medicaid Agency for review. Initial meetings were conducted with providers in all five ADMH/DDD regions. These initial meetings introduced the credentialing team to the agencies and explained the CWP credentialing process. Further discussions addressed future meetings to be held with agency staff and waiver participants to gather information needed for credentialing. Agencies were given access to their private Microsoft Teams channel so they could review information that was collected and upload requested documentation utilizing the approved CQL Credentialing Workbooks. The visit workbooks included summaries of the targeted conversations with individuals receiving CWP services and the staff employed by the agency. Throughout the quarter, multiple targeted conversations and focused group meetings/interviews were conducted with the following agencies:

- **Region I:** Arc of Madison County, Physicians Home Health Superstore, and Sunbridge
- **Region II:** Tri County Aid, UCP of West Alabama, Tuscaloosa Supply Company, Ability Alliance of West Alabama, EasterSeals West Alabama, Virtuous Women of West Alabama, Arc of Walker County, and Arc of Tuscaloosa
- **Region III:** Scott Residential, Stronger Together, First Light Community of Mobile, Independent Living Center of Mobile, Taylor's House of Camellias, LifeCare Services, and Saad Enterprises, Inc.
- **Region IV:** Rainbow 66 Storehouse and HealthCare Connection
- **Region V:** Arc of Central Alabama, Community Options, Glenwood, and United Ability
- **ADMH/DDD Support Coordination:** Regions I, III, IV, and V
- **All Regions:** Night Owl Support Systems, Statewide Healthcare dba Help @ Home, Mentor Healthcare, Volunteers of America Southeast, Professional Medical Fulfillment, and SafeinHome

Rainbow 66 completed their credentialing year during the quarter but notified the provider network manager they would be terminating services with CWP on November 2, 2023. There was ongoing dialogue with this provider to determine if their participation in the CWP can be maintained. This work will continue into Y3/Q2.

Once agencies complete the initial meeting with staff, they are responsible for uploading documentation to support performance indicators. Credentialing reviewed all uploaded documentation for indicator completion. Credentialing and providers also participated in documentation review meetings utilizing the workbooks to create *plans of alignment* and *plans of excellence* for the identified performance indicators for the credentialing year. Credentialing provided any needed technical assistance to providers to ensure progression with the credentialing process and service provision.

The Independent Living Center (ILC) of Mobile received a remediation plan from the credentialing specialist on December 13, 2023, detailing required information needed that had not been provided. The ILC sent notification on December 15, 2023, that they will no longer be providing CWP services. This agency experienced a change in leadership during this quarter and the new Director decided to withdraw from the CWP network. The CWP provider network manager sent confirmation of termination of services on December 20, 2023, to the agency, noting failure to complete credentialing requirements.

The updated CWP satisfaction survey was implemented, and credentialing staff began inputting responses into the site provided by the director of quality assurance in October 2023. During Y3/Q1, 19 CWP satisfaction surveys were conducted during the quarter. Performance measures were reviewed with the director of quality assurance, AMA, and the credentialing team and discussions regarding sample size for the population served occurred. Credentialing will continue to work with CQL and quality assurance to ensure appropriate information is gathered. CQL provided feedback from the survey completed by providers in October 2023 as it relates to the credentialing process. Provider feedback was positive overall, and they reported enjoying the new process and the transparency and collaboration that occurs with their credentialing staff. Bi-weekly meetings with CQL were conducted to review and discuss the credentialing process for any barriers, successes, or recommendations. The credentialing staff also participated 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/Q1, there were a total of nine referrals made to VR, which included four in Region II, one in Region III, one in Region IV, and three in Region V.

Data from Y3/Q1 employment assessment reports, updated quarterly for CWP participants and verified by ADMH employment specialists, found that 165 individuals had a completed assessment, meaning they are enrolled in an age-appropriate group for employment related services. Of this number, 31 are currently employed and 35 are not employed but are actively seeking employment. This demonstrates a competitive integrated employment rate at 18%. Increasing competitive integrated employment outcomes for CWP participants remains a key goal of the CWP. ADMH/DDD employment specialists are working closely with support coordinators to provide technical assistance and training, participate in PCP meetings, and any other needed support to ensure that employment remains in the conversation with CWP participants and their families. In addition, ADMH/DDD employs four community work incentives coordinators (CWICs) to provide supports to participants, families, and staff to address any benefits-related questions or issues.

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 Y2/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. 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 year three of the demonstration.

Based on the assigned enrollments currently in the Therap system, there were no incidents reported in the CWP for Y3/Q1.

Administrative Code

There were no updates to the administrative code in Y3/Q1.

Identified Beneficiary Issues and Complaints

There were no formal beneficiary issues or complaints filed during Y3/Q1.

Lawsuits and or Legal Actions

There were no lawsuits or legal actions related to the CWP for Y3/Q1.

Legislative Updates

Budget Requests Submitted November 1, 2023:

- During the month of October, the DDD worked with the ADMH Commissioner’s Office and Bureau of Finance to develop its FY25 State Budget Request.
- ADMH submitted its FY25 Budget Request to the Governor’s Executive Budget Office on November 1, 2023.
- The table below outlines the Department’s DDD related budget requests submitted to the Governor’s Executive Budget Office:

DDD Increase Request	General Fund	Education Trust Fund	Total
Remote Supports	\$67,200		\$67,200
Nurse Delegation Program		\$800,000	\$800,000
Housing Assistance	\$500,000		\$500,000
Specialized Behavior Supports	\$698,880		\$698,880
Crisis Residential Services	\$5,500,000		\$5,500,000
TOTAL	\$6,766,080	\$800,000	\$7,566,080

ADMH looks forward to reviewing the Governor’s proposed budgets to the Alabama Legislature, which is expected to be published the week of February 5, 2024.

Pre-Filed Bill Review:

- The 2024 Regular Legislative Session begins February 6, 2024. During late November and December 2023, several DDD related bills were pre-filed.
- The Director of Legislative and Constituent Affairs has added the following bills (pre-filed during the time period of this report) to the ADMH Bill Tracking Report on behalf of DDD:

Bills	Sponsors	Title	Last Action	Latest Version
<u>HB 12</u>	<u>Adline Clarke</u>	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 • Dec 01, 2023: Pending Committee Action House Of Origin (Constitution, Campaigns and Elections)	Introduced

Bills	Sponsors	Title	Last Action	Latest Version
<u>HB 23</u>	<u>Kenyatté Hassell</u>	Absentee ballot affidavit, reason for voting absentee removed (Constitution, Campaigns and Elections)	House • Dec 01, 2023: Pending Committee Action House Of Origin (Constitution, Campaigns and Elections)	Introduced
<u>HB 26</u>	<u>Leigh Hulsey</u>	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 • Dec 01, 2023: Pending Committee Action House Of Origin (Public Safety and Homeland Security)	Introduced

Unusual and Unanticipated Trends

There were no unusual or unanticipated trends for Y3/Q1.

STC 41: Performance Metrics

In Q1 of Demonstration Year One, 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 Q1 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>Y2/Q1</u>	95	25%	447
<u>Y2/Q2</u>	95	25%	542
<u>Y2/Q3</u>	94	25%	637
<u>Y2/Q4</u>	95	25%	732

Data for the Reporting Period:

<u>Total Net Enrollments for the Reporting Period</u>	<u>Total Targeted Net Enrollments</u>	<u>Performance</u>
32	95	33.7%

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>
32	95	33.7%

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>
388	595	65%

Data Discussion:

Enrollments into the CWP did not meet the anticipated pace for targeted number of enrollments for Y3/Q1 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.

Net enrollment of 595 was not achieved, as at the end of Y3/Q1, there were 388 people actively enrolled on the waiver.

The net enrollments for Y3/Q1 by region, county and enrollment group are as follows:

DEMONSTRATION YEAR 3

<u>Demonstration Month & Region</u>	<u>Counties</u>	<u>Enrollment Group:</u>					<u>Disenrollments</u>	<u>NET</u>
		<u>Gr 1</u>	<u>Gr 2</u>	<u>Gr 3</u>	<u>Gr 4</u>	<u>Gr 5</u>		
<u>Oct-23</u>								
<u>Region 1</u>	Madison	1	0	1	0	0	0	2

	Morgan	0	0	0	0	0	0	0	
	Limestone	0	0	1	0	0	0	1	
Region 2	Tuscaloosa	0	2	1	0	0	0	3	
	Walker	0	0	0	0	0	0	0	
Region 3	Mobile	0	0	1	3	0	0	4	
	Baldwin	0	2	3	0	0	0	5	
Region 4	Montgomery	0	0	0	0	0	3	-3	
	Elmore	0	0	0	2	0	0	2	
	Houston	0	0	0	0	0	0	0	
Region 5	Jefferson	0	0	1	1	0	0	2	
October 2023 TOTAL:		1	4	8	6	0	3		
								Oct-23 Net Total	16
								Oct-23 Gross Total	19

Demonstration Month & Region		Counties	Enrollment Group:						
Nov-23			Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Disenrollments	NET
Region 1	Madison		0	0	0	3	0	0	3
	Morgan		0	0	0	0	0	0	0
	Limestone		0	0	0	0	0	0	0
Region 2	Tuscaloosa		0	0	0	1	0	0	1
	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	1	0	1	0
	Elmore		0	0	0	0	0	0	0
	Houston		0	0	0	2	0	0	2
Region 5	Jefferson		0	0	2	1	0	0	3
November 2023 TOTAL:			0	0	3	8	0	1	
								Nov-23 Net Total	10
								Nov-23 Gross Total	11

Demonstration Month & Region		Counties	Enrollment Group:						
Dec-23			Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Disenrollments	NET
Region 1	Madison		0	1	2	0	0	0	3
	Morgan		0	0	0	0	0	0	0
	Limestone		0	0	0	0	0	0	0
Region 2	Tuscaloosa		1	2	0	0	0	1	2
	Walker		0	0	1	0	0	0	1
Region 3	Mobile		0	1	0	0	0	0	1
	Baldwin		0	0	1	0	0	0	1
Region 4	Montgomery		0	0	0	0	0	1	-1

	Elmore	0	0	0	0	0	0	0
	Houston	0	0	0	0	0	0	0
Region 5	Jefferson	0	0	0	0	0	1	-1
December 2023 TOTAL:		1	4	4	0	0	3	
							Dec-23 Net Total	6
							Dec-23 Gross Total	9
							Y3/Q1 Net Total	32
							Y3/Q1 Gross Total	39

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
21	32	66%

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
138	367	38%

Discussion:

Enrollees outside the 14-64 age range were removed from the data. Once removed it was noted 66%, or 21 out of 32, of Y3/Q1 enrollees who were of working age expressed interest in obtaining and maintaining competitive integrated employment. For all enrollees of working age since inception of the waiver, 38% 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
359	388	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.¹

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
116	245	47%

Data Discussion:

During this quarter, 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/Q1, of those that could self-direct at least one service in their plan, 47% chose self-direction. CWP support coordinators continue to receive training on self-direction. Recent training is being focused on specific strategies to assist CWP participants to find self-direction workers when they do not have workers readily identified. This is anticipated to further increase the use of self-direction in the CWP over this demonstration year. ADMH/DDD also engages in continued contract oversight with the Financial Management Services Agencies (FMSAs) to ensure their immediate readiness to serve CWP participants who choose to self-direct.

¹ The Residential Information Systems Project (RISP) <https://publications.ici.umn.edu/risp/state-profiles/alabama>

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	39	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	429	2%

Data Discussion:

During Y3/Q1, no one enrolled needed to acquire Medicaid coverage that they qualified for by enrolling in the CWP. Thus far, only 2% 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
19	19	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
19	19	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 implemented using an online platform (Zoho) to simplify reporting. 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 19 surveys during the quarter was 94.81%. There were no individual surveys overall scoring under 85% as noted in the data above. However, it was noted the lowest scores overall were in response to the question “how satisfied are you with the CWP supports for your goal to have a job and work,” at 75%. The director of the CWP will follow up with the Credentialing Specialists to identify what can be done to increase satisfaction on employment options 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/DDO 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
388	388	100%

Data Discussion:

In Y3/Q1 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	30	97%

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
331	369	90%

Data Discussion:

Of the 369 participants with created PCPs since inception of the waiver, only 38 individuals are receiving services in settings that are provider owned and/or controlled. This represents 90% of current participants living with family or other natural supports or living independently who have created Person-Centered Plans.

STC 41: Budget Neutrality and Financial Reporting Requirements

As of the end of the first quarter (Y3/Q1) of fiscal year 2024, there are no Group 5 individuals placed. The Y3/Q1 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.

Summary Findings: Support Coordination Survey Data 2023 (Demonstration Year Two)

In late 2022 and in late 2023, Support Coordination Satisfaction Surveys were disseminated by (mail and/or email) to participants in the LAH, ID, and CWP waivers, and to their parents/guardians. This report provides a summary of the 2023 survey effort.

The 2023 survey was administered from late October 2023 through December 2023 and resulted in a total of 605 completed surveys. A total of 377 surveys were from adult waiver participants, and 223 were from parents of adult waiver participants. Only a handful of surveys were received for parents of teen and youth participants (a total of 5).

Completed Surveys

Waiver	Total Responses	Adult Participants	Parents of Adults	Parents of Teens	Parents of Youth
CWP	37	11	24	1	1
LAH	169	75	94	0	0
ID	399	291	105	1	2
Total	605	377	223	2	3

The surveys asked about overall satisfaction with their (or their family members') Support Coordinator and asked specific questions about how participants (or family members) felt about how available, helpful, respectful, and inclusive the Support Coordinator is. The surveys also asked about satisfaction with their support plan and with connections to other needed services. Answers to satisfaction questions were on a scale of 1 to 5 (5=Strongly Agree) with answers of "5" indicating the highest levels of satisfaction.

Adult participants reported high levels of satisfaction with Support Coordination, with mean scores between 4.4 and 5 (5=Strongly Agree). Mean scores for the 2023 survey response were very similar to mean scores for the 2022 survey response. CWP satisfaction scores were slightly lower than satisfaction scores for the ID and LAH waivers. The majority of adult participants who responded were white (61%), while 36% were African American. A total of 54% were male, and 45% were female. More than half (53%) of participants reported having help completing the survey from a parent or other family member, 21% from a service provider, and only 11% reported doing the survey without help. Most respondents (88%) had been receiving services for two years or more and the highest percentage of respondents (46%) said they live with relatives/family members; 41% in a provider/agency run group home, and 9% in an independent home (own apartment or house or in supported living).

Parents of adult participants also reported high levels of satisfaction, with mean scores between 4.0 and 5 (5=Strongly Agree). Mean scores for the 2023 survey response were very similar to mean scores for the 2022 survey response. CWP satisfaction scores were slightly lower than satisfaction scores for the ID and LAH waivers.

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;² (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 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-

² 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.

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 includes information for Y3/Q1.

Method Step #1:

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

There were no changes in the number of contracted providers during Y2/Q3. At the end of demonstration year two (Y2), there were 51 providers collectively providing 33 CWP services across the five regions. An RFP process was held in demonstration year one and some providers were added in Y2 as a result of this RFP. The State is moving ahead with an RFP to be released in Y3/Q2, highlighting pending rate increases in most all services as a result of the recent rate study. These rates 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. ADMH/DDD intends to retroactively increase rates to 10/1/23.

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/Q1 are summarized in the chart below. The numbers provided include information collected from providers in December 2023 to identify their prospective capacity in January 2024.

Note: Provider response rate was only 20% (10 of 51 providers). Data very likely underrepresents actual capacity.

Providers' Reported Capacity to Accept New Referrals in January 2024 (Q2 of DY3)	REGION 1 TOTAL	REGION 2 TOTAL	REGION 3 TOTAL	REGION 4 TOTAL	REGION 5 TOTAL
CWP SERVICE					
Adult Family Home	0	0	0	0	0
Assistive Technology and Adaptive Aids	9	0	0	0	0
Breaks and Opportunities (Respite)	0	0	0	0	2
Community Integration Connection and Skills	12	1	0	0	32
Community Transportation	12	1	0	0	20
Community-Based Residential Services	0	0	0	0	3
Employment Supports - Co-Worker Supports	1	0	0	0	24
Supported Employment - Individual: Career Advancement	3	1	0	0	30
Supported Employment - Individual: Support Discovery	6	1	0	0	30

Supported Employment - Individual: Exploration	6	1	0	0	30
Supported Employment - Individual: Job Coaching	11	1	0	0	30
Supported Employment - Individual: Job Development Plan	11	1	0	0	30
Supported Employment - Individual: Job Development	11	1	0	0	30
Supported Employment - Integrated Employment Path	6	1	0	0	30
Supported Employment Small Group	7	0	0	0	33
Family Empowerment and System Navigation Counseling	3	0	0	0	28
Financial Literacy and Work Incentives Benefits Counseling	26	10	10	15	25
Housing Counseling Services	0	0	0	0	20
Housing Start-Up Assistance	1	0	0	0	20
Independent Living Skills Training	0	1	0	0	24
Minor Home Modifications	0	0	0	0	0
Natural Support of Caregiver Education and Training	0	0	0	0	20
Occupational Therapy	0	0	0	0	4
Peer Specialist Supports	0	0	0	0	20
Personal Assistance Community	4	1	0	0	24
Personal Assistance Home	0	1	0	0	24
Physical Therapy	0	0	0	0	0
Positive Behavioral Supports	0	0	0	0	28
Remote Supports Backup Contractor	0	0	0	0	0
Remote Supports Contractor	0	0	0	0	0
Skilled Nursing	0	0	0	0	20
Speech and Language Therapy	0	0	0	0	4
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/Q1, referral acceptance rates were tracked more effectively than in prior quarters. 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/Q1 is summarized in the table below:

Service Title: Services Used or Sought	R 1 #RA	R 1 #RN A	R 1 RA%	R 2 #RA	R 2 #RN A	R 2 RA%	R 3 #RA	R 3 #RN A	R 3 RA%	R 4 #RA	R 4 #RN A	R 4 RA%	R 5 #RA	R 5 #RN A	R 5 RA%
Assistive Technology and Adaptive Aids Devices	1	0	100 %	0	0	N/A	2	0	100 %	1	4	20%	1	0	100 %

Breaks and Opportunities	0	0	N/A	0	0	N/A	0	3	0%	0	0	N/A	0	0	N/A
Community Integration Connections and Skills Training	2	3	40%	0	0	N/A	1	2	33%	0	2	0%	2	0	100%
Community transportation	2	3	40%	1	0	100%	1	15	6%	0	3	0%	1	0	100%
Adult Family Home or Community-Based Residential Services	0	1	0%	1	0	100%	3	8	27%	1	4	20%	0	0	N/A
Independent Living Skills Training	0	0	N/A	0	0	N/A	1	15	6%	0	3	0%	0	0	N/A
Occupational Therapy	0	1	0%	0	6	0%	0	0	N/A	0	0	N/A	1	0	100%
Personal Assistance	0	2	0%	1	0	100%	2	22	8%	0	1	0%	0	2	0%
Positive Behavior Support	0	1	0%	0	0	N/A	0	0	N/A	0	1	0%	0	0	N/A
Remote Support – Monitoring	0	0	N/A	0	0	N/A	1	0	100%	1	0	100%	0	0	N/A
Speech and Language Therapy	0	0	N/A	0	5	0%	0	0	N/A	0	1	0%	1	0	100%
Support Coordination	2	0	100%	1	0	100%	12	0	100%	4	0	100%	5	0	100%
Supported Living Services	0	0	N/A	0	0	N/A	0	1	0%	0	0	N/A	0	0	N/A
Physical Therapy	0	0	N/A	0	4	0%	0	0	N/A	0	1	0%	1	0	100%
# RA = Referrals Accepted															
# RNA = Referrals Not Accepted															
RA% = Referral Acceptance Rate															

All regions have some services for which referral acceptance rates are not at least 80%, as noted by the highlighted cells in the table above. Region 4 has 9 services in this category. Region 3 has 7 services in this category. Region 1 has six services in this category, while Region 2 has 3 services and Region 5 has one service in this category.

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.

Based on all service initiations tracked and reported in Y3/Q1, the average length of time from referral acceptance (as reported by the provider) to service start was 2 days with the range from 0 to 23 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/Q2. The RFP will cover all services in all regions.

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.

Problems with Method Steps #3 and #4, 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, data collected directly from support coordinators at the end of Y3/Q1 helped provide accurate information for Method Steps #3 and #5. 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 are less than was targeted, the goal for Y3/Q2 is 95 total enrollments, or 32 enrollments per month.

Total New Enrollees Anticipated in Next Month	
Region I	2
Region II	6
Region III	2
Region IV	1
Region V	21
Total Statewide	32*
	<i>*Target necessary to stay on pace to have 768 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 the last month of Y3/Q1, is added to the projection of capacity needed. Due to the growth of the program, additional provider capacity is needed.

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, doubling the overall slot capacity from 500 to 1,097, 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 face the same challenges recruiting and retaining DSPs. Therefore, the State is in the process of increasing rates, based on the recent rate study, and pursuing a waiver amendment to both the 1915(c) and 1115 waivers for the CWP. The waiver amendment will allow for increased expenditure caps for participants to offset the rate increases. These changes are being pursued simultaneously with an RFP to recruit additional providers, including standby providers, offering increased reimbursement rates. It is hoped these changes, which will be made during this demonstration year, will 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 first quarter of year three (Y3/Q1) ended with maintaining positive results in areas that are key program goals for the CWP, including:

- The number of people employed in competitive and integrated work is increasing.
- More people are remaining with their families or living independently with necessary support rather than moving into provider-owned or controlled settings.

- The rate of self-direction continues to grow.
- Satisfaction among participants surveyed as part of provider credentialing surveys reached just under 95% this quarter.
- Attrition dollars from the legacy waiver are being used to create more 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 in demonstration year three. 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. New ADMH HR classifications specifically for Support Coordination have been put into place this quarter to facilitate recruitment by ADMH, and an expansion of available positions to support the increased enrollments is also underway.

The State is taking meaningful and thoughtful steps to proactively address provider capacity as detailed in this report. This includes an RFP and the first CWP amendment, both of which include comprehensive rate increases.

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.

The CWP continues its focus on supporting families to stay together to align Alabama's approach with neighboring states and the national status quo and supporting individuals with ID primarily through individualized and personalized supports in their own homes and communities, 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?



- 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?



- 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?



- 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.



- 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.



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- 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?



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- 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



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- 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.



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- 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



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- 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



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- 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



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- 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)?



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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?



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- 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?



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- 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



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- 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