



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

Quarterly Monitoring Report

04/01/2024 – 06/30/2024

Contents

STC 41: Operational Updates	5
Operational Accomplishments	5
Outreach and Enrollment	5
Enrollee Success Stories.....	5
Most Utilized Services.....	7
Policy and Administrative Difficulties in Operating the Demonstration	7
ADMH/DDDD Staffing Challenges, Underlying Causes, and Strategies to Address Challenges	9
Enrollment Challenges	9
Provider Claims Approvals and Timely Provider Payments for Services Rendered	10
Other Key Challenges, Underlying Causes, and Strategies Implemented to Address these Challenges	10
Key Achievements and Conditions or Efforts Attributed to Success	11
Ensuring Fully Trained Direct Support Professional Workforce for the CWP.....	12
Ensuring Quality through a Collaborative Partnership with The Council on Quality Leadership (CQL)	13
Collaboration with Alabama Department of Rehabilitation Services (ADRS)	15
Incident Prevention and Management System (IPMS).....	15
Administrative Code.....	16
Identified Beneficiary Issues and Complaints.....	16
Lawsuits and or Legal Actions.....	16
Legislative Updates.....	16
Unusual and Unanticipated Trends.....	17
Progress Summary of Public Comments Received Through the annual Post-Award	17
STC 41: Performance Metrics	19
A. Data Demonstrating How the State is Progressing Toward Meeting the Demonstration’s Goals	19
Program Goal #A1: Enroll five hundred (500) participants in first year of CWP.	19
Program Goal #A2: Support participation in competitive integrated employment by CWP participants	22
Program Goal #A3: Keep families together and supporting independent living as the optimal community living options	23
Program Goal #A4: Support use of self-direction by CWP participants	24
B. Data demonstrating the effect of the demonstration in providing insurance coverage to beneficiaries and the uninsured population	25
Program Goal #B1: Increase access to Medicaid for uninsured individuals with intellectual disabilities	25
C. Data demonstrating quality of care	26
Program Goal #C1: Ensure high CWP participant satisfaction	26
D. Data Demonstrating Results of Key Policies Adopted Under the Demonstration	27
Key Policy #D1: Utilize settings that conform to the greatest extent with the Medicaid Home and Community Based Services (HCBS) Settings Final Rule	27
STC 41: Budget Neutrality and Financial Reporting Requirements	28
STC 48: Evaluation Activities and Interim Findings	28
STC 30: Preferred Provider Selection	28
Preferred Provider Network.....	28
Preferred Provider Qualifications for Current CWP Providers	30
Monitoring Provider Capacity	30
Method Step #1:	30
Method Step #2:	30
Method Step #3	32
Method Step #4:	32

Method Step #5:	32
Method Step #6:	33
Results of Data Analysis:	33
Conclusion	34
Appendix A.....	37
Indicators for Preferred Provider Selection	37
Appendix B.....	39

Introduction

The Alabama Department of Mental Health's Division of Developmental Disabilities (ADMH/DDD) continues to operate the Community Waiver Program (CWP) in 11 of Alabama's 67 counties. This report covers the third quarter of year three (Y3/Q3) of the demonstration that officially launched on November 1, 2021.

During this quarter, ADMH worked with the Alabama Medicaid Agency (AMA) to host the annual CWP post-award public forum, as required by CMS in the Standard Terms and Conditions (STCs). The state hosted a forum at 10:00 a.m. and another at 1:00 p.m. on May 8, 2024. A total of 49 individuals participated and a total of 14 public comments were received during the forums, either via email or Webex chat box. A summary of the comments will be included within this report.

Since last quarter, the number waiting for an agency provider for one or more services has gone down from 109 to 74 even though enrollments have gone up slightly. The percentage waiting for a provider for one or more services has decreased from 26% to 17.5%. Currently, 82.5% of enrollees are not waiting for an agency provider for service. To ensure that ADMH/DDD maintains an adequate provider network, a Request for Proposals (RFP) for additional providers of all CWP services was developed and posted to ADMH's website for interested providers during this quarter. The RFP concluded on June 7, 2024, and scoring should be complete in July 2024 with an anticipated enrollment date for new providers selected during Y4/Q1.

During this quarter, CWP participants began accessing services and support available through Project Transition, a behavioral health program that offers behavioral health crisis prevention, intervention, and stabilization services for individuals with I/DD and co-occurring mental health and/or behavioral disorders. ADMH/DDD and the ADMH Mental Health/Substance Use Division is co-funding the initiative with Project Transition. The overall goals of the Project Transition System of Support (SOS) services include:

- Prevent crisis and provide intervention services with 24/7, on-call support.
- Identify service gaps and aid with obtaining services needed to maintain safety and stability in the community.
- Improve the quality of life by supporting the existing service delivery system to effectively provide care and reduce crisis episodes.
- Meet regularly with the individuals/families supported, caregivers, and other providers to develop crisis prevention and intervention plans.
- Assist the individual's team in developing skills to decrease crisis events that lead to hospitalizations, law enforcement involvement and emergency department utilization.

Staff from Project Transition met with all support coordinators during this quarter to explain the System of Support (SOS) process as well as the steps to make referrals to the program. This resource is expected to help individuals/families avoid crises that often result in long-term hospitalizations, jail, and other institutional settings. Future reports will provide data on the number of CWP participants referred to Project Transition as well as a summary of the services and supports received and the outcome of the referrals.

ADMH/DDD CWP Leadership staff continued to work on CWP 1915(c) and 1115 demonstration waiver amendments during this quarter. To ensure updates were aligned with the most recent Intellectual Disability (ID) and Living at Home (LAH) waiver amendments, the goal of ADMH/DDD was to receive amendment approvals from CMS for the ID and LAH waivers prior to finalizing and submitting the CWP 1915(c) and 1115 demonstration waiver amendments to AMA for review. CMS approved the ID and LAH waiver amendments in June 2024; however, the amended waivers became effective July 1, 2024. After the ID and LAH approvals from CMS, a draft of the CWP 1915(c) and 1115 demonstration waiver amendments have been submitted to AMA for review.

Unfortunately, ADMH/DDD continues to experience workforce challenges with ongoing resignations. Some vacant positions were filled during the quarter, however, other vacancies occurred. Fortunately, ADMH/DDD has experienced an increase in applicants for support coordination vacancies. However, ADMH/DDD has not been able to retain a full workforce since the launch of the CWP in 2021. CWP leadership will continue to assess and address the ongoing vacancies and the impact on the CWP.

Since the launch of the CWP, achieving established enrollment goals has been an active challenge. Initially, some individuals had been on the waiting list for 15 years or longer. For many individuals on the waitlist, updated eligibility information was needed prior to enrollment to the CWP. CWP staff assisted 310s with gathering information, which in turn slowed enrollment processes. The ongoing staff turnover is also impacting ADMH/DDD's ability to continue to enroll participants to the CWP. Many support coordinators are currently maintaining caseloads above the caseload size established for the CWP, which is 23 per support coordinator and eight per supervisor. Since many are currently above the maximum caseload sizes, enrollments have been slowed in some regions.

During Y3/Q3, a total of 25 individuals were enrolled, bringing the total net enrollments to 421. There were 18 disenrollments during the quarter. In exploring these disenrollments, the data obtained from AMA listed a total of 18 while the ADMH/DD captured just 12. ADMH/DDD showed two of the 18 individuals disenrolled in FY23 and four were no longer eligible for Medicaid. Support coordinators are actively working with the four participants and families to reinstate their Medicaid eligibility. Of the 12 disenrollments, (excluding the four who were determined ineligible for continued Medicaid assistance and the two who ADMH/DDD indicated disenrolled in FY 23), the disenrollments were a result of families deciding to disenroll their loved one, transitions to long-term care facilities, relocations out of state, and death.

While the individual success stories included in this report indicate that the CWP is achieving its primary goals, challenges do remain. ADMH/DDD Leadership will continue to address the workforce challenges, especially the turnover among support coordinators. Some gaps in services due to provider capacity are expected to improve with the addition of new providers in early FY25 following the recent RFP mentioned earlier in this report.

STC 41: Operational Updates

Operational Accomplishments

Below is a list of operational accomplishments ADMH/DDDD achieved in Y3/Q3 of implementation of the CWP.

Outreach and Enrollment

There was a total of seven net enrollments in the CWP during Y3/Q3 at the end of this reporting period, bringing the total to 421 net enrollments. A total of 25 people were enrolled during this quarter, but during the same period, 18 people disenrolled from the CWP.

CWP leadership continues to work closely with both 310 support coordination agencies as well as ADMH/DDD regional office staff to address the enrollment goal for FY24 (Y3) of 732 enrollments. Unfortunately, ADMH/DDD continues to experience ongoing turnover with support coordinators and has been unable to reach 100% employment in each regional office. CWP leadership monitors enrollment numbers in all regions and caseload sizes to ensure that caseload sizes remain manageable. The inability to achieve the CWP enrollment goal will continue to be assessed and addressed going forward.

Enrollee Success Stories

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

BF

BF has been enrolled in the CWP since May 2023. He has chosen to self-direct his services, including job coaching services. BF has been very successful in his position as an employee with the U.S. Space and Rocket Center.

BF's career path began in high school when he participated as an intern through Project Search, a high school transition to work program that is business led to prepare students for employment. He initially obtained a job at the Redstone

Village Retirement Community where he worked in landscaping and maintenance. He was successful at this job. However, in June 2023 he was given an opportunity to work at the U.S. Space and Rocket Center. He works as a member of the warehouse team. His responsibilities include maintaining the inventory of hundreds of items each day that are brought into the warehouse for storage. Items include office supplies, space camp t-shirts, employee t-shirts, gift shop items, and space camp items for which he diligently takes inventory. Some items must be unpacked and repackaged for storage.

With the help of his job coach, BF tracks these items each day. He is quick to point out discrepancies he discovers while taking inventory and corrects the identified discrepancies. BF was recognized by managers as a member of the “Team of the Year - Projects and Infrastructure” at the U.S. Space and Rocket Center and he has been personally recognized for his outstanding job performance, productivity, and dedicated service. Managers have been so impressed with his work that BF received a salary increase. He is also invited to attend board meetings. Finally, BF’s success story is scheduled to be featured at the state’s APSE conference scheduled for July 2024 where his success story is captured in video.

MIT

In the heart of the University of Alabama campus lies the RISE Center, a beacon of early childhood education excellence. For the past 19 years, this state-of-the-art facility has been graced by the dedication and spirit of MIT. A beloved teaching assistant, MIT’s journey is a testament to resilience, passion, and an unwavering commitment to making a difference.

MIT’s connection to the RISE Center began long before he joined the staff. He is an alumnus of the 1992 RISE School and went on to graduate from Tuscaloosa County High School and the Crossing Points Program at the University of Alabama. These experiences laid a solid foundation for him, shaping his path towards a fulfilling career at the University of Alabama.

While still enrolled in the Crossing Points Program, MIT worked at the Bryant Museum, where he meticulously converted VHS tapes to DVDs, preserving the rich history of Alabama football. He has been an integral part of the RISE Center for nearly two decades, working 15 hours each week and earning \$15.00 per hour. His dedication is evident not only in his longevity, but in his plans to retire from the RISE Center in five years—a countdown he eagerly anticipates. His role extends beyond the classroom; he coordinated with ADMH Benefits Counselors to speak at the center, ensuring his colleagues are aware of the vital services available to them.

MIT’s work ethic is legendary. Each Friday, his day off from RISE, he works at Wintzell’s Restaurant. Even family vacations could not deter his commitment when a trip to the Gulf Shores conflicted with his work schedule. The owner of Wintzell’s arranged for him to work at their Gulf Shores location. This became a cherished tradition, blending work with family time in a unique and heartwarming way.

Outside of work, his life is packed with a variety of interests and activities. He has graced the stage in eight theatre productions with the Tuscaloosa Children’s Theatre and the Actors Charitable Theatre, showcasing his love for performance. A Disney enthusiast, he enjoys traveling, karaoke, and making TikTok videos, where he has garnered over 1,190 followers with his theatrical posts.

His contributions extend beyond the local community. He is involved in the University of Illinois Beckman Institute’s Down Syndrome Speech Accessibility Project, providing recordings for speech recognition software to aid individuals with diverse speech patterns and disabilities. Companies like Amazon, Apple, Google, Meta, and Microsoft fund this pioneering initiative.

As an ambassador for the University of Alabama delegation at the National Best Buddies Annual Leadership Conference, he exemplifies the spirit of inclusiveness and advocacy. He also participates in clinical skills events at the University of Cincinnati Medical School, educating future medical professionals on interacting with individuals with intellectual and developmental disabilities.

He is planning a trip to Mexico in Spring 2025 with his friends, demonstrating his independence and adventurous spirit. Additionally, he is set to become one of the new voices on Alexa for users who prefer a voice from someone with a disability, a role that perfectly suits his big personality.

A recent visit to the Grand Ole Opry highlighted his star quality. What was supposed to be a simple photo opportunity turned into an impromptu performance, captivating everyone present and showcasing his undeniable charisma.

MIT's story is one of dedication, passion, and an unyielding spirit. His journey at the RISE Center and beyond is a shining example of what can be achieved with hard work, a love for one's community, and an unwavering belief in oneself. The CWP has supported much of his recent success. He currently self-directs his services and receives personal assistance community, community transportation, and self-directed breaks and opportunities. As he looks forward to retirement and new adventures, he continues to inspire those around him, proving that with heart and determination, anything is possible.

BT

BT is a 43-year-old female who moved to Alabama from Georgia several years ago. Once in Alabama, she could not integrate into her community as much as she desired. Most days were spent at home with little outside opportunities. However, once she was enrolled in the CWP, she requested employment assistance. She was referred to Alabama Department of Rehabilitation Services/Vocational Rehabilitation (VR) where she received employment services. The referral paid off for BT because in March 2024 she obtained a job at Springhill Suites in housekeeping. She works in laundry and earns \$10.00 per hour and works 20 hours per week. Her goal is to increase her hours. Obtaining a job has changed BT's outlook on life. She now has money to participate in her community. She has made new friends both in the community and at work. She currently receives community transportation services and is scheduled to begin receiving personal assistance services in the community.

Most Utilized Services

At the end of Y3/Q3, the top ten most highly utilized services (i.e., most frequently authorized) within the 11 piloted counties across all five regions, in order of utilization, were:

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

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

Policy and Administrative Difficulties in Operating the Demonstration

Staffing continues to present challenges for the CWP. As of the latest update, the staffing status across different regions is as follows. In Region I, there were no new hires and one resignation, bringing the current capacity to four with two vacancies. Similarly, Region II had no new hires and one resignation, maintaining a current capacity of five with two vacancies. In Region III, three new hires were made, with no resignations, resulting in a current capacity of six without any vacancies. Region IV reports no new hires and one resignation, resulting in a current capacity of three with one vacancy. Lastly, Region V also reports no new hires and one resignation, with a current capacity of four and three vacancies.

Region	Total Staff	Resignations	New Hires	Remaining Vacancies
I	3	1	0	2
II	5	1	0	2
III	6	0	3	0
IV	3	1	0	1
V	4	1	0	3

- **Region I (ADMH):** Currently, staffing consists of two support coordinator seniors and one support coordinator. The support coordination manager position remained vacant during the quarter as Human Resources continued to advertise the vacancy. One support coordinator resigned during the quarter. Currently, there are two vacancies in Region I.
- **Region II (310 Agencies):** Currently, staffing continues to consist of two supervisors, one in each of the counties in Region II and four additional support coordinators. Region II currently reports two vacancies. CWP support coordinators in both Tuscaloosa County and Walker County are employed at 310 Board agencies.
- **Region III (ADMH):** Currently, staffing consists of two support coordinator managers, two support coordinator seniors, and two support coordinator trainees. Region III is fully staffed for the first time in FY24. There were three hires and no resignations during the quarter.
- **Region IV (ADMH):** Currently, staffing consists of one support coordinator manager, one support coordinator senior, and one support coordinator. An additional trainee position was approved, and interviews were conducted but no candidate was selected from the applicant pool. The position was re-announced.
- **Region V (ADMH):** Currently, staffing consists of one manager and three support coordinators. A second manager was hired during this quarter and will report to the position in early Y3/Q4. A support coordinator also resigned during this quarter, which left three vacant positions, changing to two at the beginning of the next quarter when the new manager reports to work.



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

While new classifications for support coordinators have resulted in more applicants for entry level positions, ADMH/DDDD has been unable to achieve and maintain a full staff. Ongoing vacancies occur among support coordinators in all regions. Currently, two of the program's three credentialing staff positions are vacant. CWP leadership is working with ADMH leadership to consider changes that might help with retention. Specifically, the Division is working to utilize more mobile devices so support coordinators can work out in the communities with waiver participants and families and spend less time in assigned offices. These mobile devices will not only allow them to communicate with waiver participants/families on state issued telephones but will also allow those that must clock in and out each day to comply with required labor standards to do so without reporting to an office. Further, ADMH/DDDD regional offices are challenged to find office space for staff. CWP space is being designed to create hubs so CWP staff can coordinate schedules and report to these hubs when necessary to connect to the agency's IT network. ADMH/DDDD is optimistic that some additional flexibility may boost morale and help retain staff.

Enrollment Challenges

CWP enrollment challenges have been ongoing since the CWP launch in 2021. Challenges have primarily been a result of workforce shortages both within the 310 support coordination agencies as well as ADMH/DDDD. The ongoing internal vacancies have resulted in some staff carrying large caseloads which have slowed enrollments in regions where caseloads are at max or above. ADMH/DDDD continues to address some internal challenges with defined roles and responsibilities necessary for enrollment. Specifically, ADMH/DDDD wait list coordinators have experienced difficulties conducting outreach to individuals on the statewide waiting list for enrollment into the CWP because of other workload

assignments. CWP leadership has not directed a formal pull of the wait list due to some regions being at capacity due to the staffing shortages. Currently, only one region is functioning below capacity. CWP leadership is working closely with the Region V Wait List Coordinator to conduct outreach to a larger list of individuals pulled from the waitlist to boost enrollments in this region that lagged from the initial launch of the waiver. Also, this region has been more successful with maintaining support coordination staff who are currently able to serve more individuals.

Plans were that 310 agencies would begin serving CWP participants in the final quarter of the fiscal year which would also allow for increased enrollments. These plans for 310 agencies to begin serving CWP waiver participants will be postponed until the CWP amendment is reviewed by AMA.

Provider Claims Approvals and Timely Provider Payments for Services Rendered

There were no significant claims issues noted in this reporting period.

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

Self-Directed Services (Worker Recruitment)

CWP participants and families continue to choose the option to self-direct some or all of their services. Currently, 54% of participants with services in the Person-Centered Plan (PCP) that can be self-directed are self-directing at least one or more of their services. This quarter CWP support coordinators began receiving information and training so they can directly assist CWP participants with recruiting workers if they are struggling to do this. Additionally, leadership is monitoring progress on these participants finding workers and is now conducting quarterly meetings with families that are self-directing some or all their services. A dedicated email address has been established so participants/families can submit questions and/or comments related to their self-direction experience. The email is monitored, and responses sent promptly. In addition, questions that could be helpful for everyone are addressed during the quarterly EOR (Employer of Record) meetings. The next quarterly meeting is scheduled for early July. The address: cwpquestions.dmh@mh.alabama.gov

Emergency Referrals

In Y3/Q3 the Special Review Committee (SRC) reviewed a total of 25 new referrals. Of 25 referrals reviewed by the SRC, 15 were approved for Group 4 enrollment for placement in a community-based residential setting (CBRS), Adult Family Home or Intensive Supported Living Arrangement. The placements are based on each individual's preferences, abilities and level of needs. For those placed in CBRS, ongoing monitoring will occur to step the individuals down to a less restrictive setting (e.g., an Adult Family Home or Supported Living Arrangement or more independent living when the person's outcomes and related needs can be safely met in these less restrictive settings). Ten individuals were denied enrollment into Group 4 because the assessment process demonstrated the individuals could be safely and appropriately served in another CWP enrollment group. Four of the ten elected to enroll in their age-appropriate enrollment group. Six are still considering enrollment in their age-appropriate group.

ADMH/DDD continues to assess the availability of resources to meet the needs of emergency referrals. Many of these referrals require crisis stabilization prior to entry into a waiver program. Therefore, ADMH/DDD has developed contracts with hospitals and community provider agencies with specialized crisis capacity. The agency is using state dollars to fund these short-term crisis stabilization settings. The goal is stabilization and then enrollment into the CWP to integrate individuals back into their communities, and in some cases back with their families. In addition, CWP support coordinators made a total of 14 referrals to Project Transition during this quarter. Project Transition works to offer supports through their System of Supports (SOS) model to address crises, support achievement of stabilization, facilitate successful transitions back to community, and putting a plan in place to prevent additional crises from occurring.

Provider Network Challenges, Underlying Causes, and Strategies to Address Challenges

Provider network challenges improved during this quarter as outlined in the table below. Since last quarter, the number waiting for an agency provider for one or more services has gone down from 109 to 74 even though enrollments have gone up slightly. The percentage waiting for a provider for one or more services has gone down from 26% to 17.5%. This means currently 82.5% of enrollees are not waiting for an agency provider for service.

CWP Service	Reg 1	Reg 2	Reg 3	Reg 4	Reg 5	TOTAL Q3	TOTAL Q2
Assistive Technology & Adaptive Aids	0	0	0	0	0	0	3
Respite Breaks and Opportunities	3	0	0	0	0	3	19
Community Integration Connections & Skills Training	1	0	0	2	0	3	6
Community Transportation	5	4	6	2	0	17	32
Supported Employment-Discovery	0	0	0	0	0	0	1
Supported Employment-Small Group	0	0	0	0	0	0	1
Independent Living Skills	0	0	8	1	0	9	16
Minor Home Modifications	0	0	0	2	0	2	6
Occupational Therapy	0	0	0	0	0	0	4
Peer Specialist	4	0	0	1	0	5	0
Personal Assistance-Home	4	0	14	0	0	18	29
Personal Assistance-Community	8	0	18	1	0	27	20
Physical Therapy	0	0	0	0	0	0	2
Positive Behavior Supports	0	4	0	0	0	4	14
Skilled Nursing	0	1	0	1	0	2	4
Speech & Language Therapy	0	7	0	0	0	7	13
Supported Living Services	0	0	0	0	0	0	1
Adult Family Home or Community-Based Residential	9	3	3	1	9	25	31
Unduplicated Total Participants	26	13	22	4	9	74	109
Total Enrolled	98	100	107	40	76	421	414
Percentage Waiting for 1 or More Services	26.5%	13%	20.5%	10%	9%	17.5%	26%
Percentage Not Waiting for Services	73.4%	87%	79.5%	90%	91%	82.5%	74%

With CWP counties being the most highly populated in the state, the flow of emergencies and/or other crisis referrals has continued as now expected. This has also created a need for additional providers of community-based residential services (CBRS). The rates for these services in the CWP match the rates being paid in the ID waiver. New providers with new settings must complete the provider enrollment process which includes completing an application, obtaining a Medicaid provider number, receiving an HCBS Settings Rule compliance review and approval for the setting, and clearance from the ADMH/DDD Office of Life Safety. Once these steps are completed, ADMH issues a Temporary Operating Authority (TOA). Often, the initial application process can move quickly. However, delays have increasingly occurred while waiting on the Office of Life Safety to complete their visits. In response to this delay, ADMH is currently working to eliminate some of the waiting time when Life Safety has already certified a setting for the legacy (Intellectual Disabilities) waiver and the provider is only requesting to convert a bedroom in the setting from an approved ID waiver bedroom to a CWP bedroom.

Securing CBRS services for some CWP participants has been challenging due to their intense and involved support needs as compared to those seeking CBRS on the ID waiver. Often, those approved for this service in the CWP have significant behavioral and/or complex medical needs. Work is ongoing to secure more CBRS settings that offer specialized services, i.e., BCBA's to help address significant behaviors. Even though the number of agencies providing CBRS has grown, there are still CWP participants waiting on a setting to meet their needs. The recent RFP is expected to result in additional providers for CBRS.

Key Achievements and Conditions or Efforts Attributed to Success

CWP Staffing

Even though ADMH/DD has been unable to achieve 100% employment with CWP positions, multiple vacancies in Region III were filled during this reporting period. These positions had been vacant for an extended period and the agency was

not attracting candidates. Once the new classifications for support coordination were implemented, Region III immediately received a significant number of applicants for both the *support coordination trainee* positions and the *support coordination senior* position. Staff in this region had been carrying large caseloads due to staff resignations. This region now has a full staff.

ADMH/DDD is also working to address some internal barriers that should improve the efficiency of CWP support coordinators. The original structure provided individual offices for each support coordinator. As a result, these staff often reported to their office to begin their day. ADMH does not allow telework for any employees. However, with the growth of ADMH/DDD staff within the regional offices, space has become a challenge. As a result, CWP leadership has received approval to provide mobile devices for all support coordinators. These devices should improve staff efficiency and allow them to spend more time outside regional offices and in the communities with their participants and families. Also, depending on their classification, many support coordinators are required to clock in and out daily. This has required them to report to their office to begin and end their day. Leadership is working with the ADMH Payroll office to acquire software that will allow the clocking in and out from mobile devices. Finally, due to the limited office space, leadership is working to implement hubs in each regional office to allow support coordinators to share these hubs when they must access the DD network and when they need an office day rather than a day in the community. Leadership is optimistic that implementing more flexibility with these changes will create a higher level of job satisfaction. Some of these flexibilities are already available to support coordinators that work in the regional 310 offices. In fact, many 310 support coordinators telework, which makes it challenging for ADMH/DDD to compete with this flexibility when trying to recruit staff. In addition, most 310 agencies also pay into the same retirement/pension fund as ADMH state employees.

Going forward, leadership will continue to address and assess more access to technology and flexibility that will contribute to more overall satisfaction and efficiency.

Group 5 Enrollments

During Y3/Q3, two individuals were enrolled into the CWP-Group 5. The intent of this group is to allow individuals with lower level-of-care needs to meet eligibility for the CWP. Currently, this group is available to individuals who are 22 years of age or older. The proposed CWP amendments are changing the age to 18 years of age or older to attract and serve more young adults in transition before they exit school.

Provider Network Successes

During Y3/Q3, the provider network increased with the addition of two agencies, bringing the overall total to 53. Of the additional providers brought into the network, one is a provider of Community Based Residential Services (CBRS) and the second is a provider of the Adult Family Home (AFH) service. The first individual to be served in an AFH entered services in Y3/Q2 and continues to be successful. During this quarter, the second AFH opened in Region I and is currently serving a second recipient of this service. Also, a new provider of the AFH service began to recruit host homes and intends to be ready to accept referrals in Y3/Q4, focusing their efforts Elmore and Montgomery counties in Region IV. ADMH/DDD is utilizing state dollars to incentivize this service. Providers of the AFH service receive \$5,000.00 for each new host home they open after an individual has been served for 30 days in the host home. The host homeowner receives a \$2,500.00 incentive.

In May 2024, an RFP was released for all CWP services in all five regions. CWP leadership hosted a bidder's conference to share details about the waiver, the services, and the RFP process. There was a total of 14 responses, which is the best RFP response since the launch. The RFPs will be scored by July 12, 2024. Contracts for the providers selected should be fully executed in early FY25.

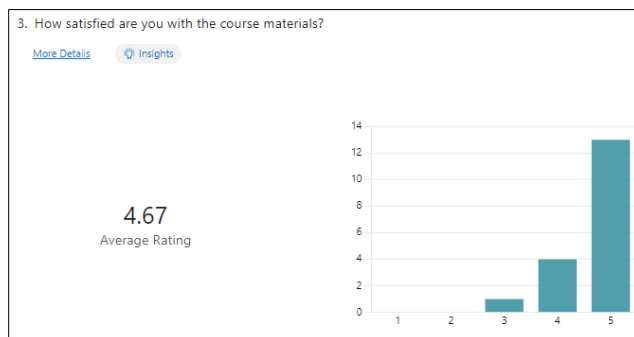
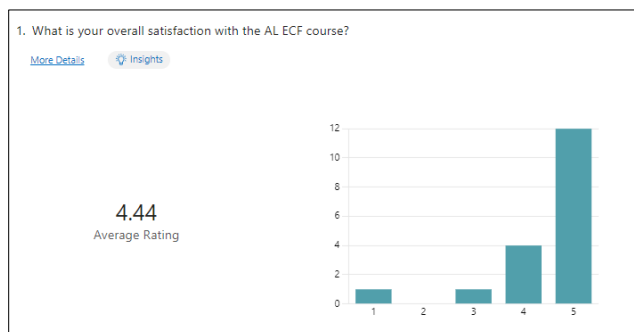
The provider network meetings continue to be held the second Thursday of every month at 1pm, allowing providers an opportunity to share concerns and successes with other Network providers.

Ensuring Fully Trained Direct Support Professional Workforce for the CWP

The Network continues to utilize the AL-ECF 2.0 training platform to train Direct Service Professionals (DSPs) working for CWP agencies. Currently, 103 learners are actively enrolled in the course and 125 learners have completed the training,

which represents a 52.5% increase in total completers since the previous quarter. There were 96 new enrollments in Y3/Q2 and this increased by 74% in Y3/Q3 to 167 new enrollments. Any feedback from provider agencies regarding the training platform AL-ECF 2.0 is reviewed and addressed by the Tennessee Board of Regents (TBR) and the Columbus Group, the current contractors who developed, enhanced, and manage the training platforms. The goal of CWP leadership working closely with the training contractors is to have a training platform that provides quality, impactful training as efficiently and cost-effectively as possible.

Continuing with ensuring the training platform is user friendly, TBR created an online learner enrollment portal which has improved the registration process for providers, DSPs and their DSP supervisors. TBR also continues to offer online enrollment for *supervisors*, which gives access and control to the supervisors within the provider agencies so they can monitor DSP training progress throughout the course. During this quarter, TBR implemented a course evaluation, so learners have the option to give feedback and rate the course. Overall, the response rate is over 50% and the feedback has been positive:



TBR and the Columbus Group are also continuing to provide a \$1300 incentive to DSPs who complete the ECF course. This incentive was awarded to thirty-two DSPs during Y3/Q3, which is four times the number awarded in Y3/Q2.

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

ADMH Credentialing staff and CQL met monthly throughout the quarter to continue review of the workbooks and indicators to ensure information obtained is meaningful. CQL is working on updates to the Credentialing Guide and *Visit*

Workbooks based on reviewed changes from the previous quarter. Anticipated completion for updates is the end of the fiscal year, September 2024, at which time a copy of the updated Guide will be provided to AMA. CQL and ADMH also discussed potential for training once the new Credentialing Guide has been approved. ADMH/DDD Support Coordination, Ability Alliance SC, First Light Community of Mobile, Tri County Aid SC, Arc of Tuscaloosa, Arc of Walker Co, Easter Seals West Alabama, HealthCare Connection, Community Options, Arc of Central, and UCP of West Alabama completed their credentialing year one in good standing. VOA, Scott Residential, Night Owl Support Systems, LifeCare Services, SafeinHome, and Arc of Madison participated in their year two quality check during the quarter related to plans agreed upon from their credentialing year one. CWP satisfaction surveys were conducted during the quarter and detailed information regarding responses is included in the performance metrics included in the report. The credentialing specialists have maintained positive feedback from the provider network regarding the process and transparent communication. The credentialing team had a turnover in staffing during the quarter, losing the team member located in the Montgomery region. Credentialing staff participated in weekly check-in meetings with CWP leadership to review any updates with the CWP and discuss ongoing credentialing. Also, they continued ongoing and initial meetings across all five regions which included the following providers:

Region I

Arc of Madison County
Physician Home Health Superstore
Sunbridge

Region II

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

Region III

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

Region IV

Montgomery Center for Independent Living
HealthCare Connection

Region V

Community Options
Glenwood
Arc of Central Alabama
United Ability

Statewide

DMH Support Coordination (Region I, III, IV, & V)
Night Owl Support Systems (All Regions)
Mentor Healthcare (All Regions)
Volunteers of America Southeast (All Regions)
Professional Medical Fulfillment (All Regions)

Collaboration with Alabama Department of Rehabilitation Services (ADRS)

The partnership between ADRS/VR and ADMH remains positive. There were no significant challenges or issues addressed during this reporting period. During Y3/Q3, there were a total of seven referrals made to VR, which included five in Region I, one in Region II, and one in Region III. ADMH employment staff are now holding employment planning meetings in each region. Those attending these meetings include support coordinators, employment providers, VR counselors, and ADMH employment staff. Region II began hosting employment planning meetings soon after the waiver launched. Their employment numbers are the highest among the five regions. These planning meetings appear to be making a positive impact on employment outcomes. The ADMH employment staff are now taking a more hands on approach with CWP employment efforts.

Data from Y3/Q3 employment assessment reports, updated quarterly for CWP participants and verified by ADMH employment specialists, found that 191 individuals had a completed employment assessment, meaning they are enrolled in an age-appropriate group for employment related services. Of this number, 42 are currently employed. Thirty-five individuals are not employed but are actively seeking employment. This demonstrates a competitive integrated employment rate at 21.9% among those aged 14-64 with a completed employment assessment verifying employment status.

ADMH/DDD is planning to launch an employment education campaign during the upcoming quarter. The ADMH employment staff are working with the Department's Office of Public Information and the State Employment Leadership Network (SELN) to develop a "Choose to Work" campaign. Plans are to develop print materials and other media resources that can be shared with individuals and families on the benefits of working. ADMH is committing state dollars to fund this campaign with the development of professional marketing materials. The work is in early development and more information will be shared in the next QMR.

ADMH partnered with Alabama VR to host a 3-day certificate-based customized/supported employment training during this quarter. Fifty employment specialists working in provider agencies that deliver employment services attended this training. The three-day agenda included the history of supported employment, discovery, marketing, job development and placement, systematic instruction, and long term supports. This co-sponsored training is taught by consultants from Virginia Commonwealth University (VCU) and has been available to providers for more than 20 years. The two sessions offered each year have a capacity attendance of 50 employment specialists.

Incident Prevention and Management System (IPMS)

The process of launching the Therap CWP Incident Prevention and Management System (IPMS) was initiated in Y1/Q3. As of Y3/Q3, there continue to be reliability and validity issues with the incident data currently in Therap. However, ADMH-DDD began seeing improvement this quarter due to training and data integrity efforts undertaken in the Spring of 2024.

Beginning in Y2/Q1, ADMH/DDD began a state contract with Therap to replace the current electronic record system (ADIDIS/WellSky). As part of this process, staff are meeting with Therap weekly to discuss improvements to the system, including but not limited to the incident management module and ensuring any updates are consistent with the Access Rule. With the proposed changes, it will be easier to pull incident data and filter by waiver to make better comparisons between the CWP demonstration waiver and the legacy waivers (ID/LAH). However, the projected date of implementation is not until later in Y3/Q4 of the demonstration.

The Office of Quality Assurance met with the CWP providers in May 2024 to discuss the importance of identifying their programs as CWP in the Therap system to identify incidents by waiver and the importance of reporting per the ADMH/DDD Incident Prevention and Management System (IPMS) Manual. The ADMH/DDD IPMS Manual applies to all three waivers. Additionally, during the month of March 2024, a new customized report was developed in Therap that provides Medicaid identification numbers, which is going to be an alternative way to match the incident data to CWP participants when the programs are not appropriately set up in the system as the identifier. Utilizing these new

methods, in particular the provider's program identification in Therap, ADMH/DDD can report six incidents that occurred between February and April of 2024. It should be noted incident data is pulled two months in arrears to capture all fully closed incidents. The timeline for incident closure 60 days. A chart is provided below that indicates incident types and counts during Y3/Q3.

Neglect (substantiated)	1
Verbal Abuse (substantiated)	2
Law Enforcement	2
ER Visit	1
TOTAL	6

As a result of the incidents above, one investigation was conducted by ADMH/DDD which involved a fracture that occurred during the provision of self-directed services, where neglect was substantiated. A Special Team Meeting was convened to address concerns and ensure health and safety measures were in place for this waiver participant. Both verbal abuse allegations were investigated by the responsible provider. In both verbal abuse incidents, provider staff members yelled and cursed at waiver participants and the staff members' employment with each agency were terminated. In one case, the cousin of two waiver participants came to their home during the provision of self-directed services and was verbally aggressive. Their staff member called law enforcement and their cousin left without incident. Lastly, there was one Emergency Room visit resulting from a minor medical emergency with a diagnosis of dehydration. There were no incident patterns or trends noted.

Administrative Code

There were no updates to the administrative code in Y3/Q3.

Identified Beneficiary Issues and Complaints

There were no formal beneficiary issues or complaints filed during Y3/Q3. However, participants are informed at enrollment of their right to a meeting with the Regional Community Waiver Program Support Coordinator Supervisor if they are dissatisfied with services as well as the steps to file a formal review of their complaint/grievance through the ADMH/DDD Office of Appeals and Constituent Affairs. They are also informed that they may choose to go directly to the Division of Developmental Disabilities Office of Advocacy Services, or ADAP and may call them at any time during the process if they are not satisfied.

Lawsuits and or Legal Actions

There were no lawsuits or legal actions related to the CWP for Y3/Q3.

Legislative Updates

Below is the outline of legislative activities related to the ADMH-DDD from 4/1/2024 to 6/30/2024. Below you will find the detailed description of the 11 bills that were enacted:

DD Legislative Report Enacted Bills 2024 Legislative Session

Bill	Sponsors	Title	Last Action	Latest Version
AL 2024rs <u>SB 66</u>	<u>Greg Albritton</u>	Supplemental appropriations from State General Fund to specified agencies for fiscal year ending September 30, 2024.	Senate, May 17, 2024: Enacted	<u>Act Number</u> <u>2024-412</u>
AL 2024rs <u>SB 72</u>	<u>Arthur Orr</u>	Off-label medical treatment; adverse action by occupational licensing board because of recommendation, prohibited; patient informed consent, required; cause of action, provided	Senate, May 17, 2024: Enacted	<u>Act Number</u> <u>2024-414</u>

AL 2024rs <u>SB 67</u>	<u>Greg Albritton</u>	Appropriations from State General Fund for executive, legislative, and judicial agencies of the State, other functions of government, debt service, and capital outlay for fiscal year ending September 30, 2025.	Senate, May 17, 2024: Enacted	<u>Act Number 2024-355</u>
AL 2024rs <u>HB 60</u>	<u>Brock Colvin</u>	Crimes and offenses, crimes of abuse and neglect of an adult with a disability in the first, second and third degree and crimes of financial exploitation of an adult with a disability in the first, second, and third degree, created	House, May 16, 2024: Enacted	<u>Act Number 2024-348</u>
AL 2024rs <u>HB 285</u>	<u>David Faulkner</u>	Motor vehicle registrations, replace International Symbol of Access with Dynamic Accessibility Symbol	House, May 16, 2024: Enacted	<u>Act Number 2024-346</u>
AL 2024rs <u>SB 25</u>	<u>April Weaver</u>	Board of Nursing, authorized by rule to clarify scope of practice of certified nursing support technicians, disciplinary actions clarified	Senate, May 7, 2024: Enacted	<u>Act Number 2024-249</u>
AL 2024rs <u>HB 182</u>	<u>Craig Lipscomb</u>	Property; provides the owner of a dwelling with a method to request the removal of an unauthorized individual	House, May 7, 2024: Enacted	<u>Act Number 2024-237</u>
AL 2024rs <u>SB 131</u>	<u>Will Barfoot</u>	Alabama Behavior Analyst Licensing Board, continued pursuant to Sunset Law until October 1, 2026; Department of Mental Health required to provide certain services and personnel for operation of board	Senate, May 7, 2024: Enacted	<u>Act Number 2024-235</u>
AL 2024rs <u>HB 126</u>	<u>Leigh Hulsey</u>	Fire-protection personnel and emergency medical services personnel, annual training related to individuals with sensory needs and certain disabilities, required	House, Apr 16, 2024: Enacted	<u>Act Number 2024-81</u>
AL 2024rs <u>SB 1</u>	<u>Garlan Gudger</u>	Absentee voting; prohibit assistance in preparation of; exceptions provided	Senate, Mar 20, 2024: Enacted	<u>Act Number 2024-33</u>
AL 2024rs <u>HB 129</u>	<u>Danny Garrett</u>	Creating Hope and Opportunity for Our Students' Education (CHOOSE) Act of 2024, established to provide education savings accounts (ESAs) for parents of children to use in providing education services for those children.	House, Mar 8, 2024: Enacted	<u>Act Number 2024-21</u>

Unusual and Unanticipated Trends

There were no unusual or unanticipated trends for Y3/Q3.

Progress Summary of Public Comments Received Through the annual Post-Award

The Post Award Public Forum for year three quarter three (Y3/Q3) was held on May 8, 2024. To allow the public an sufficient opportunity to provide comments, the state hosted two public forums. One forum was held at 10am and a second forum at 1pm. These forums were held virtually via WebEx and hosted by the Alabama Medicaid Agency (AMA). The public was notified via an official public notice posted to both the ADMH and AMA websites. AMA posted an

electronic news article, added the forums to the Agency's calendar of events and sent out an email blast via ListServ to notify various Providers and staff throughout the state. The Notice included the WebEx meeting information and directions for how to join the forums on the specified date during the specified times. For both forums, ADMH/DDD arranged for American Sign Language interpreters to be on the calls should anyone require this accommodation. During each forum, the CWP Director provided an overview of the CWP, which included current enrollment numbers and performance highlights of the CWP since the launch in 2021. The forums ended with a series of success stories from CWP participants.

Participants were instructed to provide comments to AMA's public comment email, and the Webex chat box. A transcript of comments has been received and filed accordingly. Generally, CWP Leadership felt that the feedback provided during the forums were positive. Participants shared both positive experiences with the CWP as well as some challenges and concerns.

There were multiple comments related to self-directed services. Some families and participants feel the customer service experience with their Financial Management Services Agencies (FMSAs) could be improved. They sometimes have difficulty understanding their budget(s) or obtaining budget information from their support coordinators or the FMSAs. ADMH is working to address and improve the customer service experience with both FMSAs and support coordinators. While the CWP includes five enrollment groups with established budget caps, participants and families are reminded that services are based on assessed needs. Support Coordinators know that budget caps can be exceeded through an RFA process when necessary to meet the assessed needs. The CWP Director monitors the total cost of approvals to exceed expenditure caps against the portion of the CWP annual budget set aside for this purpose.

Cost neutrality is required for the CWP 1915(c) waiver and is monitored by monthly review of year-to-date claims data, enrollment number, average length of stay, and average per-person spending which is annualized and compared to the average annual cost for ICF/IID services. Budget neutrality is required for the CWP 1115 waiver and is monitored by monthly review of year-to-date claims data for Group 5 enrollees, the number of Group 5 enrollees, average length of stay and average per-person spending which is annualized and compared to the maximum allowable per the STCs.

Some comments suggested that individuals may be missing out on opportunities to socialize with friends and feel more isolated due to no traditional day habilitation service availability in the CWP counties. The CWP does include day services that allow individuals to participate in community activities either individually or in groups.

Some comments were related to provider agencies for the CWP. One participant felt that there might be a disconnect with providers and CWP staff not really understanding the role of the Qualified Developmental Disability Professional (QDDP). The concern expressed was related to staff responsibility for General Event Reports (GERs). ADMH/DDD can confirm the CWP requirement that all CWP staff, provider staff, self-directed worker staff, etc. must complete the mandatory incident prevention and management system (IPMS) training and comply with all requirements.

Participants asked about changes coming to CWP through a waiver amendment. ADMH/DDD confirmed that once reviewed by AMA, the amendment will be posted on both the ADMH and AMA website and will outline the proposed changes and offer an opportunity for public comments.

There were questions related to the state's waiver waiting list for individuals with intellectual disabilities and the challenges working through eligibility to be placed on the statewide waiting list. Some of the challenges expressed were related to obtaining needed documents. The state's 310 agencies and AMDH/DDD support coordinators are available to assist with gathering needed documents and providing other support to work through the eligibility process.

One of the state's largest 310 agencies located in a CWP county, currently not providing support coordination services for CWP participants, submitted written comments. The author reviewed the Y3/Q2 quarterly monitoring report and the previous Y2/Q4 annual report, questioning some of the information and data included within the reports

STC 41: Performance Metrics

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

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

Additional metrics will be added to future monitoring reports, including metrics evaluating quality of care and cost of care, once sufficient enrollments are achieved to effectively implement these metrics. Below are the initial performance metrics the State established and where available, data is presented for Q3 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/DDDD data analyst. These enrollments are compared to the enrollments entered into a tracker maintained by the waiver administrator staff. Disenrollment is subtracted from gross enrollments to determine net enrollments for both the quarter and net enrollments since inception of the waiver. A report summarizing enrollments during the reporting period is taken from the tracker to obtain the numerator. The denominator is based on the table below illustrating the Anticipated Pace of Enrollments, which corresponds with each quarterly and the first annual STC reporting periods.

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

Data for the Reporting Period:

Total Net Enrollments for the Reporting Period	Total Targeted Net Enrollments	Performance
7	94	7%

Data for the Demonstration Year to Date (Y3):

Total Net Enrollments for the Reporting Period	Total Targeted Net Enrollments	Performance
65	284	23%

Data for the Demonstration Since Inception:

Total Net Enrollments for the Reporting Period	Total Targeted Net Enrollments for Program Since Inception	Performance
421	637	66%

Data Discussion:

Enrollments into the CWP failed to meet the anticipated pace for targeted number of enrollments for Y3/Q3 due to continued challenges, primarily with staffing issues. CWP leadership is working to address ongoing vacancies and difficulties with attracting candidates and retaining staff once hired. The new classifications for support coordination has helped boost the applicant pool.

The initial projected net enrollment of 637 since inception to the end of Y3/Q3 was not achieved as there were 421 people actively enrolled on the waiver.

The net enrollments for Y3/Q3 by region, county and enrollment group are as follows:

Demonstration Month & Region	Counties	Enrollment Group:						
Apr-24		Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Disenrollments	NET
Region 1	Madison	0	0	1	0	0	0	1
	Morgan	0	0	0	0	0	0	0
	Limestone	0	0	0	0	0	0	0
Region 2	Tuscaloosa	0	1	0	0	0	0	1
	Walker	0	0	1	0	0	1	0
Region 3	Mobile	0	0	0	0	0	1	-1
	Baldwin	0	0	0	0	0	0	0
Region 4	Montgomery	0	0	1	0	0	1	0
	Elmore	0	0	0	0	0	0	0
	Houston	0	1	2	0	0	0	3
Region 5	Jefferson	0	1	0	0	2	0	3
April 2024 TOTAL:		0	3	5	0	2	3	
Apr-24 Net Total								7
Apr-24 Gross Total								10

Demonstration Month & Region	Counties	Enrollment Group:						
May-24		Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Disenrollments	NET
Region 1	Madison	0	1	0	0	0	2	-1

	Morgan	0	0	0	0	0	0	0
	Limestone	0	0	0	0	0	1	-1
Region 2	Tuscaloosa	0	0	0	0	0	1	-1
	Walker	0	0	1	0	0	0	1
Region 3	Mobile	0	1	2	0	0	0	3
	Baldwin	1	2	0	0	0	0	3
Region 4	Montgomery	0	0	0	1	0	0	1
	Elmore	0	0	0	0	0	0	0
	Houston	0	0	0	0	0	2	-2
Region 5	Jefferson	1	0	0	0	0	1	0
May 2024 TOTAL:		2	4	3	1	0	7	
May-24 Net Total								3
May-24 Gross Total								10

Demonstration Month & Region		Counties		Enrollment Group:					
Jun-24		Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Disenrollments	NET	
Region 1	Madison	0	0	1	0	0	1	0	
	Morgan	0	0	0	0	0	1	-1	
	Limestone	0	0	0	0	0	0	0	
Region 2	Tuscaloosa	0	0	0	0	0	0	0	
	Walker	0	0	0	0	0	0	0	
Region 3	Mobile	0	1	1	0	0	1	1	
	Baldwin	0	0	1	0	0	0	1	
Region 4	Montgomery	0	0	0	0	0	0	0	
	Elmore	0	0	0	0	0	1	-1	
	Houston	0	0	0	0	0	0	0	
Region 5	Jefferson	0	1	0	0	0	4	-3	
June 2024 TOTAL:		0	2	3	0	0	8		
Jun-24 Net Total								-3	
Jun-24 Gross Total								5	
Y3/Q3 Net Total								7	
Y3/Q3 Gross Total								25	

Group Enrollments by Region & County Since Inception

Region	Counties	Enrollment Group:						NET	GROSS
		Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Disenrollments		
Region 1	Madison	7	21	47	8	0	14		
	Morgan	0	3	17	1	0	4		
	Limestone	0	5	10	1	0	4		
	Total	7	29	74	10	0	22	98	120

Region 2	Tuscaloosa	1	26	47	2	1	10		
	Walker	1	11	20	2	0	1		
	Total	2	37	67	4	1	11	100	111
Region 3	Mobile	3	17	31	16	0	9		
	Baldwin	1	16	30	5	0	3		
	Total	4	33	61	21	0	12	107	119
Region 4	Montgomery	1	3	23	2	0	12		
	Elmore	0	3	7	2	0	1		
	Houston	0	5	14	2	0	9		
	Total	1	11	44	6	0	22	40	62
Region 5	Jefferson	19	6	49	18	2	18		
	Total	19	6	49	18	2	18	76	94
Group Enrollment TOTALS:		33	116	295	59	3	85		
Total Enrollments (Net)								421	
Total Enrollments (Gross)								506	

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/DDDD 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
8	12	67%

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
148	396	37%

Discussion:

Enrollees outside the 14-64 age range were removed from the data. Once removed it was noted 67%, or 8 out of 12, of Y3/Q3 enrollees who were of working age expressed interest in obtaining and maintaining competitive integrated employment. Data indicates the remaining four of the 12 were Group 4 placements this quarter. For all enrollees of working age since inception of the waiver, 37% have expressed interest in obtaining and maintaining competitive integrated employment.

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

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

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

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

Data Collection Methodologies:

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

Data for the Reporting Period:

Total CWP participants as of the last day of the reporting period that are living with family or other natural supports or living in an independent living arrangement	Total CWP participants as of the last day of the reporting period	Performance
406	421	96%

Data Discussion: Overall, since the program opened, 96% 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
108	200	54%

Data Discussion:

During Y3/Q3, 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/Q3, of those that could self-direct at least one service in their plan, 54% chose self-direction. An increase in the

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

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

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

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

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

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

Denominator: Total gross CWP enrollments during the reporting period.

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

Data for the Reporting Period:

Total new CWP enrollees during the reporting period who qualified for and/or first received Medicaid coverage because of CWP enrollment	Total gross CWP enrollments during the reporting period	Performance
0	25	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	492	1%

Data Discussion:

During Y3/Q3, no one enrolled needed to acquire Medicaid coverage that they qualified for by enrolling in the CWP. Thus far, only 1% of all enrollees have obtained Medicaid coverage as a result of enrolling in the CWP.

C. Data demonstrating quality of care

Program Goal #C1: Ensure high CWP participant satisfaction

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

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

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

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

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

Data for the Reporting Period:

Total CWP participants surveyed during quality monitoring activities conducted during the reporting period whose measured satisfaction with the CWP is at least 85%	Total CWP participants surveyed during quality monitoring activities conducted during the reporting period	Performance
4	4	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
38	38	100%

Data Discussion:

The CWP Participant Satisfaction Survey was updated to streamline the survey process, provide clearer direction and questions for people receiving services, and it was implemented using Zoho, an online platform, to simplify reporting in Y3/Q1. The survey was constructed using a Likert Scale. The Zoho survey tool has reporting capability to break down answers individually as well as aggregately. The overall satisfaction score for all four surveys during the quarter (Y3/Q3) was 100%. There were no “neutral” or “dissatisfaction” responses in any of the four surveys administered during the quarter, as all questions were answered as “very satisfied” or “satisfied.”

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/DDDD 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
421	421	100%

Data Discussion:

In Y3/Q3 there were no grievances or appeals filed with the ADMH/DDDD 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
11	12	92%

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
381	407	93%

Data Discussion:

Of the 407 participants with created PCPs since inception of the waiver as pulled at the end of Y3/Q3, only 26 individuals received services in settings that are provider owned and/or controlled. This represents 93% of current participants living with family or other natural supports or living in supported living or independently who have created Person-Centered Plans.

STC 41: Budget Neutrality and Financial Reporting Requirements

As of the end of the first quarter (Y3/Q3) of fiscal year 2024, there are two Group 5 individuals placed. The Y3/Q3 CWP-1115 Budget Neutrality Workbook has been sent to the AMA.

STC 48: Evaluation Activities and Interim Findings

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

STC 30: Preferred Provider Selection

Preferred Provider Network

In the CWP, ADMH/DDDD 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 (PCAP) 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 (PCP) 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/DDDD staff's time for managing the legacy waiver (ID and LAH) 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/DDDD 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, particularly in the current workforce crisis this can mean 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/DDDD 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/DDDD maintains documentation of each provider's PPQ score.

The CWP preferred provider network is: (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

² Per ADMH/DDDD 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 recently 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/DDDD policy and the CWP STCs.

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 during Y2 and the first half of Y3 have been designed to ensure ADMH/DDD can secure the necessary providers for all services in the CWP, including stand-by providers. ADMH/DDD is committed to maintaining an appropriate number of providers available for each type of service offered in the CWP based on the geographic area and number of current and anticipated enrollments in each area. ADMH/DDD developed methods for monitoring provider capacity as discussed below and required under the CWP Waiver approval.

Preferred Provider Qualifications for Current CWP Providers

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

Monitoring Provider Capacity

The State has been 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 and explaining the results of its provider network capacity monitoring process in this quarterly monitoring report per requirements of the approved CWP Waiver. The data utilized was collected during Y3/Q3.

Method Step #1:

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

At the end of this quarter (Y3/Q3), there were 54 providers collectively providing 33 CWP services across the five regions.

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/Q4 are summarized in the chart below. The numbers provided include information collected from providers in June 2024 to identify their prospective capacity for July 2024.

Note: Provider response rate was only 19% which very likely indicates the data below underrepresents actual capacity.

Providers' Reported Capacity to Accept New Referrals in July 2024 (Q4 of DY3)	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5
CWP SERVICE					
Adult Family Home	0	0	0	0	0
Assistive Technology and Adaptive Aids	9	6	6	9	3
Breaks and Opportunities (Respite)	0	0	0	7	0
Community Integration Connection and Skills	12	0	0	7	16

Community Transportation	12	0	0	7	10
Community-Based Residential Services	0	0	0	3	4
Employment Supports - Co-Worker Supports	1	10	0	0	4
Supported Employment - Individual: Career Advancement	3	4	0	0	10
Supported Employment - Individual: Support Discovery	6	13	0	0	10
Supported Employment - Individual: Exploration	6	4	0	0	10
Supported Employment - Individual: Job Coaching	11	7	0	0	10
Supported Employment - Individual: Job Development Plan	11	10	0	0	10
Supported Employment - Individual: Job Development	11	10	0	0	10
Supported Employment - Integrated Employment Path	6	1	0	0	10
Supported Employment Small Group	7	0	0	0	12
Family Empowerment and System Navigation Counseling	3	10	0	0	13
Financial Literacy and Work Incentives Benefits Counseling	11	0	0	0	0
Housing Counseling Services	0	10	0	0	5
Housing Start-Up Assistance	1	10	0	0	5
Independent Living Skills Training	0	10	0	7	9
Minor Home Modifications	0	10	0	7	5
Natural Support of Caregiver Education and Training	0	0	0	0	0
Occupational Therapy	0	0	0	0	3
Peer Specialist Supports	0	0	0	7	0
Personal Assistance Community	4	0	0	7	4
Personal Assistance Home	0	0	0	7	4
Physical Therapy	0	0	0	0	0
Positive Behavioral Supports	0	0	0	0	8
Remote Supports Backup Contractor	0	0	0	0	0
Remote Supports Contractor	0	0	0	0	0
Skilled Nursing	0	0	0	0	0
Speech and Language Therapy	0	0	0	0	1
Supported Living Services	0	0	0	0	0

Discussion: As noted above, the provider response rate was only 19% which very likely indicates the data underrepresents actual capacity. Because this problem has continued consistently over the last year, from Y3/Q4 ADMH/DDDD is changing to require, not request, this data be reported by providers for the last month of each quarter rather than monthly. The agency believes this will result in more valid and complete data for two reasons. First, reducing the frequency of the reporting will reduce the burden on the provider and make the expected reporting more reasonable. Second, ADMH/DDDD staff have not had capacity to follow-up with providers on a monthly reporting schedule; but it is expected that ADMH/DDDD staff do have sufficient capacity to prioritize following up with providers, as needed, on a quarterly reporting schedule. Providers will receive formal notice from the ADMH Associate Commissioner and/or the Director of CWP of

failure to comply if they do not timely submit these reports for the last month of each quarter. This, in addition to, routine outreach and reminders by ADMH/DDD staff is expected to ensure compliance.

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/Q3, referral acceptance rates continued to be tracked through support coordinator data in the ADIDIS system and provider monthly reports. With the ending of the COVID-19 public health emergency, according to the terms and conditions of the CWP, the State is required to seek additional providers when, by service and region, the average referral acceptance rate drops below 80%. Please see the data in Method Step #5 which shows how many CWP enrollees, by region and statewide, are waiting for one or more services from a provider agency, including which specific services they are awaiting.

Method Step #4:

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

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

There was a total of 25 new service initiations reported by providers in Q3. Based on all service initiations tracked and reported in Y3/Q3, the average length of time from referral acceptance (as reported by the provider) to service start was 29 days with the range from 0 to 183 days. While the average of 29 days is well below the cut-off of 45 days, due to continued concerns about lack of complete reporting from providers, ADMH/DDD concludes this method step supported the need to release an RFP during this quarter. The RFP covered all services in all regions and addressed the need for a full array of standby providers as well.

Method Step #5:

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

Concerns about the validity of the data with Method Steps #2 and #3 particularly, as explained above, continued to impact the State's ability to accurately report the number of CWP participants waiting for specific services, which is part of the data utilized for Method Step #5. However, supplementary data was collected directly from support coordinators at the beginning of Y3/Q4 to help provide accurate information about the need for providers of particular CWP services in each region. As of 7/29/24, CWP support coordinators reported 17.5% of enrollees were waiting for a provider for at least one service, with the average being 1.6 services among these 74 enrollees.

CWP Service	Reg 1	Reg 2	Reg 3	Reg 4	Reg 5	TOTAL Q3	TOTAL Q2
Assistive Technology & Adaptive Aids	0	0	0	0	0	0	3
Respite Breaks and Opportunities	3	0	0	0	0	3	19
Community Integration Connections & Skills Training	1	0	0	2	0	3	6
Community Transportation	5	4	6	2	0	17	32
Supported Employment-Discovery	0	0	0	0	0	0	1
Supported Employment-Small Group	0	0	0	0	0	0	1
Independent Living Skills	0	0	8	1	0	9	16
Minor Home Modifications	0	0	0	2	0	2	6
Occupational Therapy	0	0	0	0	0	0	4
Peer Specialist	4	0	0	1	0	5	0
Personal Assistance-Home	4	0	14	0	0	18	29
Personal Assistance-Community	8	0	18	1	0	27	20
Physical Therapy	0	0	0	0	0	0	2

Positive Behavior Supports	0	4	0	0	0	4	14
Skilled Nursing	0	1	0	1	0	2	4
Speech & Language Therapy	0	7	0	0	0	7	13
Supported Living Services	0	0	0	0	0	0	1
Adult Family Home or Community-Based Residential	9	3	3	1	9	25	31
Unduplicated Total Participants	26	13	22	4	9	74	109
Total Enrolled	98	100	107	40	76	421	414
Percentage Waiting for 1 or More Services	26.5%	13%	20.5%	10%	9%	17.5%	26%
Percentage Not Waiting for Services	73.4%	87%	79.5%	90%	91%	82.5%	74%

In addition to using the above information to determine additional provider capacity needed, the target number of new enrollments for the next quarter are calculated by the CWP director, based on the target minimum number of statewide CWP enrollments to be achieved during the demonstration year. Based on net enrollments in the first 2.5 years of the demonstration, which were less than was targeted, the goal for Y3/Q4 is 311 new enrollments, or 103 new enrollments per month. Enrollments are also targeted based on regions with the most current slot capacity with a recognition that emergency enrollments will always be done at the time the need is identified.

Total New Enrollees Anticipated in Next Month	
Region I	2
Region II	10
Region III	20
Region IV	2
Region V	69
Total Statewide	103*
	<i>*Target necessary to stay on pace to have 732 enrolled in CWP by 9/30/24</i>

For each region, service utilization rates for existing enrollees are used to determine how many projected new enrollees will require each CWP service. For each utilized service in each region, the anticipated number of new enrollees needing each service is calculated. Additionally, the number waiting for each service in each region, as of 7/29/24, as noted in the above table, is added to the projection of capacity needed. Due to the continued growth of the program, additional provider capacity is needed, ***particularly providers that bring a proven ability and commitment to recruit, retain and allocate new direct service professional hires to provide needed CWP services.***

Method Step #6:

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

Results of Data Analysis:

With the continued growth of the CWP, nearly tripling the overall slot capacity from 500 to just under 1,500 by the end of the five-year demonstration, there is clearly 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 State moved ahead with a new RFP that was released this quarter. ADMH/DDD held an informational session prior to the RFP release for all providers. The RFP highlighted current rates and pending, permanent rate increases in most all services as a result of the recent rate study. These permanent rate increases will be implemented after the pending CWP

amendment is approved by CMS which will raise expenditure caps to accommodate the rate increases without reducing services to participants.

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

Conclusion

During Y3/Q3 the CWP continues to achieve many of its primary goals to support individuals in their own communities, expand the utilization of self-directed services, and facilitate competitive integrated employment. There were two individuals that were enrolled into Group 5. This group allows individuals with a lower level of care needs to be supported and is unique for individuals in CWP counties.

Enrollments goals continue to present challenges. The program has been unable to meet targeted enrollment goals since the launch. This challenge was initially a result of outdated eligibility documentation, but more recently has also been the result of difficulties locating people who have been on the waiting list for years. Waiting List Coordinators began outreach to all individuals still on the waiting list to determine how many could be reached, to determine their current status and to make them aware of the opportunity to enroll in a waiver, if available to them.

While ADMH/DDD has been working hard to vastly increase CWP enrollments, the agency continues to face a shortage of available support coordinators due to recruitment and retention challenges that are generally plaguing state government as a whole. This caused the need to intentionally slow down enrollments during Y3/Q3. To resolve this, CWP Leadership collaborated with the ADMH Human Resources (HR) Division to create new classifications to attract more candidates. As a result, additional support coordination staff were hired in this quarter who would previously have been unqualified for the position. These hires resulted in one of the larger regions reaching 100% employment among support coordinators which brought caseload sizes back to planned levels. Going forward, CWP leadership will continue to work with HR to assess the challenges and strategize on more innovative ways to attract and retain support coordination staff and to accelerate enrollments into the program.

The annual public forum was held with good participation and provided participants and their families an opportunity to express their concerns and/or ask questions to ADMH/DDD CWP Leadership staff was able to utilize received comments to diagnose additional challenges and identify areas within the program that will require improvements.

The provider network continues to improve its capacity to meet participant needs. As of 7/29/24, CWP support coordinators reported 17.5% of enrollees were waiting for a provider for at least one service, with the average being 1.6 services among these 74 enrollees. This is down from 26% at the end of the previous quarter, indicating 82.5% of CWP participants are not waiting for an agency provider. Also, an RFP was released during the quarter. The response to the RFP was the best since the initial launch of the CWP. Once scored, new providers are expected to be selected and added to the network by the beginning of Y4/Q1. These providers are expected to meet some of the service gaps that have occurred in some regions. An additional focus on equipping the support coordinators with information, tools, and strategies for assisting self-directing participants to find workers was also introduced this quarter, which is expected to ensure any self-directing participant struggling to find a worker(s) will receive direct assistance with this from their support coordinator.

Additionally, critical incident data is now available for the CWP, and the first quarter of data presents an anticipated very low rate of critical incidents. While challenges continue, the positive outcomes occurring indicate that the CWP is making a positive impact on the lives of many individuals and families in 11 counties in the state of Alabama. ADMH/DDD is committed to address challenges as they arise so the CWP can continue to achieve its goals.

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/DDDD 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.



shutterstock.com · 1442799026

- ☐ 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?



shutterstock.com · 1442799026

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

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

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



shutterstock.com · 1442799026

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

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

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



shutterstock.com · 1442799026

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

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

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



shutterstock.com · 1442799026

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

Community Living

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

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



shutterstock.com · 1442799026

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

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

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



shutterstock.com · 1442799026

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

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



shutterstock.com · 1442799026

HOME:

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

OUTSIDE THE HOME:

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

AT WORK:

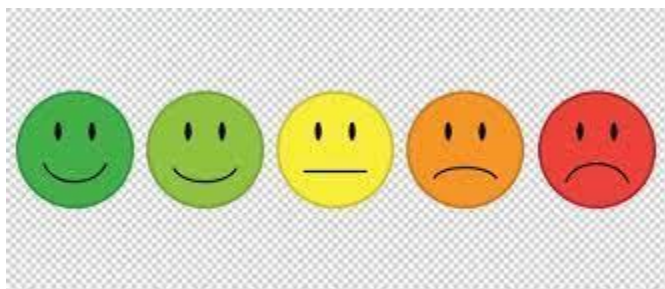
- ☐ I don't work at this time.
- ☐ Dark Green: I feel very safe
- ☐ Light Green: I feel safe
- ☐ Yellow: Not sure
- ☐ Orange: I don't feel safe in some environments

- ☐ Red: I don't feel safe

Healthy Living

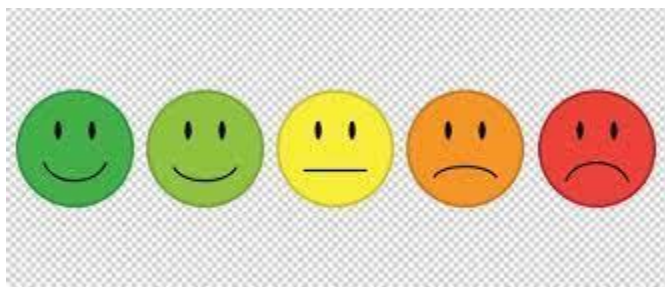
15. Are you happy with the supports you receive from the Community Waiver Program to help you stay healthy?

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



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

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



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

Self-Determined: Rights, Choices, and Personal Control

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



- ☐ 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?



- ☐ 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



- ☐ 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?



shutterstock.com · 1442799026

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