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

Quarterly Monitoring Report

10/01/2024 – 12/31/2024

Contents

Introduction

The Community Waiver Program (CWP) entered its fourth year with momentum after receiving a positive Year 3 (Y3) evaluation from the independent evaluators. Additionally, provider network data on additional capacity to serve new referrals came back with largely promising results, suggesting that the challenges created by the COVID-19 public health emergency are beginning to resolve. However, enrollments slowed down substantially, requiring a concerted approach in the remainder of Year 4 (Y4) to address administrative barriers to enrollment that are still slowing the process of reducing and eliminating the waiting list. As known from the beginning, enrollments of people ***not yet in crisis*** are particularly important for the success of the CWP and its overall goals to keep families together, prevent crisis, and serve participants in a cost-effective manner to ensure elimination of the waiting list.

However, since the CWP's inception, like what has been seen across the country, there is a continuing stream of individuals referred to the program who have emergency needs and whose families are already in crisis. Before the CWP began, waiver enrollments of people prior to crisis, to prevent crisis, were not done because people were enrolled based on having a high criticality score. The CWP is still seeing the impact of this. Emergency referrals for immediate services are primarily due to incapacity or death of caregivers without plans in place to address this, or abandonment due to severe mental health and behavioral crises or chronic medical needs that have challenged their natural families who, up to this time, have had to try to manage without any waiver services. This reality is reflected in the pace of enrollments into Group 4, "Persons (ages 3+) with intellectual disabilities who are unable to live with family or other natural supports or live independently," as compared to other groups. Group 4 enrollments have grown from 8% of total enrollments in Fiscal Year 22 to over 15% of total enrollments for Fiscal Year 24. Within the first quarter of Fiscal Year 25 (FY25), these cases now account for 17% of total enrollments. The service needs of the participants enrolled in Group 4 have proven to be labor intensive for the CWP Support Coordination staff, which has resulted in limited staff time to devote to maintaining the appropriate pace of enrollments in other service groups, designed to prevent crisis. To address this concern, plans in the fourth year are to restructure and/or increase CWP Support Coordination staffing to ensure adequate staff resources for all CWP Service groups and enrollments across all enrollment groups.

Other plans for the CWP in the fourth year include promoting services of Group 2, "Transition age youth with intellectual disabilities who (ages 14-21) live with family or other natural supports or who (ages 18-21) live independently." This group includes young people exiting/transitioning from schools, who could benefit from supports of the CWP to promote their independence. Enrollments in Group 2 for the first three Fiscal Years of the CWP were roughly 24% of total enrollments. Thus far, in the first quarter of FY25, enrollments in Group 2 represent only 12.5% of all enrollments. In FY25, increased attention will be given to this Group by increasing outreach efforts with area schools. Likewise, plans include furthering linkages with "Project Search Programs" in collaboration with Vocational Rehabilitation, the Council for Developmental Disabilities, and other agencies. The latter is intended to increase and sustain employment of youth with intellectual disabilities as a major step in promoting their independence in adulthood.

STC 41: Operational Updates

Operational Accomplishments

Below are the operational accomplishments the Alabama Department of Mental Health/ Division of Developmental Disabilities (ADMH/DDD) achieved in Y4/Q1 of CWP implementation.

Avoidance of Unnecessary Residential Placements

In Y4/Q1, the Special Review Committee (SRC) continued to review all emergency/crisis referrals to identify which referrals needed Group 4 enrollment and access to residential services through one of the available models: Adult Family Home (AFH); Supported Living-Intesive Level; and Group Home. Through a formal evaluation of needs conducted by a Support Coordination Supervisor, the immediate and long-term needs of the emergency/crisis-referred individual is accurately identified. This information is submitted to the SRC, which is comprised of:

- The Director of the CWP

- The CWP Emergency/Crisis Referral Manager
- The AMDH/DDD Director of Community Services
- The CWP Fiscal Manager
- The ADMH Director of Psychological Services or qualified designee and
- The ADMH Director of Nursing or qualified designee.

The SRC reviews all submitted information that identifies the immediate and long-term needs of the emergency/crisis-referred individual. Using this information, the SRC reaches a decision on whether criteria for Group 4 enrollment is met, including the most appropriate, least restrictive short and long-term living situation for the individual that will meet his/her goals and needs, including health and safety needs. For those not approved for Group 4, they are offered services in their ageappropriate enrollment group if eligibility for the CWP is confirmed. For anyone denied Group 4 enrollment by the SRC, the individual, appointed Medicaid representative and/or legal guardian if applicable, is provided a notification of rights form with written instructions on the appeal process.

In Y4/Q1, the SRC reviewed a total of 31 new referrals. Following a thorough review of each person, 3 did not meet eligibility criteria for CWP enrollment, 8 referrals required more information for a decision, 15 were approved for Group 4 enrollment, and 5 were able to be served in their age appropriate enrollment group. Overall, of those referrals decided, 25% were able to be served in their age appropriate enrollment group and therefore avoided unnecessary residential placement.

	Referrals Classified as Emergency by Referral Source	Referrals Denied CWP Enrollment Due to Failure to Meet Enrollment Criteria	Referrals Determined to be Emergencies and Approved for CWP Group 4 Enrollment	Referrals Classified as Emergency by Referral Source that were Able to be Enrolled and Served in CWP Enrollment Group 1, 2 or 3, based on age.	Referrals Classified as Emergency by Referral Source that were Determined Ineligible for CWP Group 4 Enrollment and Declined Option to Enroll in Group 1, 2 or 3, based on age.	Appeals in Process	Case Closed Due to no Contact	Pending for Further Review
Y4/Q1 TOTAL	**31**	**3**	**15**	**5**	**0**	**0**	**0**	**8**
Region 1	6	0	1	2	0	0	0	4
Region 2	2	0	1	1	0	0	0	0
Region 3	10	0	7	1	0	0	0	2
Region 4	5	1	2	1	0	0	0	0
Region 5	8	2	4	0	0	0	0	2

Many of the ongoing demands for emergency waiver enrollment and emergency services originate from partner service agencies: community hospitals; jails/prisons/detention centers, and the Alabama Department of Human Resources (ADHR) (specifically, child and family services – the foster care and adult protective services programs). ADMH/DDD utilizes the SRC process to ensure the appropriate enrollment group and services are identified for each individual based on his/her assessed needs; but also to ensure a safe and well-planned transition occurs from these settings. In the case

of foster homes, CWP services can wrap around the foster care provider to stabilize the placement whenever the SRC determines this is possible. The SRC continues to hold formal planning meetings with these entities monthly for ongoing collaboration to ensure identified individuals' needs are appropriately addressed. Historically, the Intellectual Disabilities (ID) waiver operated by ADMH/DDD routinely placed emergency/crisis-referred individuals into group homes without assessing the needs of each individual and ensuring this is the least restrictive, most integrated setting that can meet their needs and support their goals. This resulted in most individuals going into a group home and never leaving that setting, causing the legacy waiver system to become highly reliant on group home services, spending over 82% of total funding on placements in group homes for over 63% of the legacy waiver population. The CWP SRC process avoids unnecessary placements into group homes for people who need residential services. The CWP also prioritizes services that can preserve existing living arrangements when possible. As a result, early data suggests the CWP can serve three (3) people with intellectual disabilities for the same cost as serving one (1) person on the ID waiver. With growing demand for services, the CWP is demonstrating a model for addressing this need within the resources the state has to serve this population.

Employment Outcomes

Expanding employment opportunities and increasing the competitive integrated employment participation rate for individuals receiving waiver services remain key priorities for the ADMH/DDD during Y4/Q1. Employment promotion is integrated into person-centered planning (PCP) meetings, with ADMH/DDD support coordinators and employment specialists actively providing participants with information about available opportunities and addressing barriers to employment. All support coordinators complete the State Employment Leadership Network's (SELN) "Supporting a Vision for Employment" eLearning course. This training is designed to equip support coordinators with the skills and language needed to effectively advise, assist, and advocate for individuals with intellectual and developmental disabilities pursuing employment.

The Y4/Q1 data for the CWP show the competitive integrated employment rate held steady at 14% for those aged 18+ working any number of hours per week. Of those working, each employee averaged just under 16 hours per week, and the average hourly wage was $10.23.

The fear of losing benefits continue to be one of the most significant barriers to employment for individuals receiving SSI/SSDI and is widespread among people with disabilities and their families. This includes both the monetary benefit of the programs as well as the medical coverage. ADMH/DDD continues to employ Community Work Incentives Coordinators (CWICs) across all five regions of the state to work directly with individuals and families to address any concerns related to work and the impact on benefits.

Additional strategies for increasing employment outcomes in Y4/Q1 include monthly employment team meetings that are held throughout the various regions. These meetings involve support coordinators, employment service provider agencies, ADMH/DDD employment specialists, and VR counselors. Originally piloted in Region II—where the highest percentage of Community Work Program (CWP) participants are employed—this approach has been adopted by Regions I, III, and V. Y4/Q2 will see the expansion of this monthly meeting to Region IV. Supported Employment staff actively brainstorm and develop innovative ideas to increase the competitive, integrated employment rate for individuals receiving waiver services. One idea currently in development and being discussed in collaboration with ADMH's Office of Public Information is an educational media campaign targeted at individuals and families, as well as support coordinators and additional stakeholders. It should be noted that ADMH/DDD's Supported Employment Director retired at the end of Y4/Q1. Also, there is a vacancy for an Employment Specialist position in Region I as of the beginning of Y4/Q2.

ADMH/DDD continues to maintain a strong ongoing relationship with the Alabama Department of Vocational Rehabilitation Services (ADRS) with no issues noted during this quarter. There was a total of 10 referrals made to VR in Y4/Q1, which included six in Region II, three in Region IV, and one in Region V. ADMH/DDD and ADRS continue to collaborate on several initiatives including 11 Project SEARCH programs across Alabama with plans for the expansion of two new programs in Y4/Q. ADMH/DDD and ADRS continue to partner to sponsor a three-day certificate-based, Customized/Supported Employment training co-funded by ADRS and ADMH/DDD. This training is taught through

Virginia Commonwealth University and is one way job developers delivering services in the CWP can meet the required qualifications/training to provide these services. The collaboration on this training continues to strengthen the partnership between the two agencies. The first semi-annual session of this training will be held April 9-11, 2025 (Y4/Q3). Plans are being made to meet with ADRS leadership to discuss further partnerships that would benefit the individuals being served and increase the competitive, integrated employment rate across the state of Alabama.

Provider Claims Approvals and Timely Provider Payments for Services Rendered

In demonstration Y4, there continues to be a significant improvement in denials of claims from CWP provider agencies. Once the third-party liability (TPL) edits in Medicaid's claims system were addressed in Y2, the denied claims decreased significantly. Also, provider agencies have become more efficient and accurate with billing. Most of the current denials are a result of provider billing errors. The CWP fiscal manager monitors the status of claims and denials on a regular basis.

Post-Award Public Form

The Post Award Public Forum for Y3 was held on May 8, 2024. There were no forums held during Y4/Q1. The next forum will be held during 2025 and an overview provided in the applicable quarterly report.

Support Coordination

Currently, there are 24 CWP support coordinators who have successfully completed their required training. In addition, ADMH/DD continued to implement the following steps to ensure a high-quality Person-Centered Assessment and Plan (PCAP) process and high-quality PCPs:

- Post-training testing providing confirmation of the support coordinator's aptitude and knowledge in successfully conducting the PCAP process and developing PCPs.
- A PCAP and PCP "Tips Tool" to assist support coordinators in ensuring that all fields in the person-centered assessment and PCP are appropriately filled out.
- All documentation of the PCAP process and all PCPs are being reviewed by the support coordinator's immediate supervisor using a standardized review tool developed to ensure quality.
- When a remedial need is identified by a supervisor, or if a PCP is randomly selected for quality review, the Director of Support Coordination conducts a second level review.

Enrollee Success Stories

The CWP positively impacted the lives of many people in the State of Alabama during the demonstration period. Below are some of the program's success stories.

MW

At just 24 years old, MW is a beacon of determination and independence. With the unwavering support of her mother and the CWP, MW has achieved great success since joining the program a year ago. Initially, her goals were straightforward: to maintain her job at Children's of Alabama Hospital's cafeteria, cultivate a peer group, and gain the confidence to explore her community on her own.

Not only has MW achieved these goals, but her inspiring journey led her to start speaking engagements, which eventually caught the attention of her employer. MW can be found speaking at events and on television as a strong self-advocate or on YouTube where her show promotes inclusion of people with disabilities fully within their communities and in competitive, integrated employment. Impressed by her passion and motivation, her employer offered her a position in the Hearing and Speech department to help children learn to use assistive devices. In her negotiations, MW secured a pay increase, showcasing her newfound confidence.

MW has also taken charge of her transportation needs, organizing her own rides to work and allowing her mother to focus on personal endeavors. By embracing self-directed services, she has gained the independence she's always sought. MW's journey is a testament to empowerment, proving that with support and determination, she can take on the world.

JG

Before entry to the CWP waiver, JG resided in an ADHR financed assisted living home, and when funding became unavailable for his continued needs, it was critical available services were located to ensure housing and medical support as quickly as possible. ADMH-DDD CWP staff worked with ADHR to find housing and CWP services in the Region V area. The CWP Supervisor and ADHR collaborated regularly to quickly meet with JG and his family to determine what his needs were presently and his needs for the future. After being unsuccessful in identifying placement in Region V, collaboration with Region IV led to a placement in Montgomery within two days. Upon JG's arrival to his new home, he immediately started looking around and engaging with his new staff. JG placed his belongings in his new bedroom. Thereafter, he was found in the main living room, looking out of the bay window, having located his now favorite spot in front of the big screen television.

Since moving into his new home, JG has thrived. Medical needs were met, and he gained weight as recommended by his medical support team. JG is also currently receiving speech therapy, on a weekly basis, with the hope the daily activity of swallowing liquids and foods can improve. JG continues to enjoy visits with his mother and long-time family friend, monthly. JG's mother and family friend often surprise JG with his favorite foods and electronic games. JG's bedroom is newly furnished and decorated with memorabilia of his favorite college football team, The Crimson Tide of the University of Alabama. Roll Tide! JG has enjoyed getting acquainted and spending time with his two housemates, eating meals, watching television, and celebrating birthdays. JG has also been busy exploring different areas in Montgomery, such as Shakespeare Park, Riverfront Park, The Shoppes at Eastchase, and Vaughn Road Park. Due to the efforts of the CWP, JG has found a place of his own to call home, is exploring his community, and making new friends.

NR

NR is a motivated worker with big dreams. With the help of the CWP and his natural supports, NR was able to turn his dreams into a reality. NR shared his vision of starting a transportation service to assist people with getting to places locally in need. He not only wanted to assist those with disabilities, but anyone in the community with a transportation need.

With the assistance of his parents and support network, NR successfully started his own transportation service business called, EZRide/EZLife. He developed a comprehensive website that details what services he provides, the areas served, hours of operation, rates, and contact information. His site promotes his services by promising professionalism, peace of mind, comfort, and safety. Additionally, social media was integral in this development and his business can be found on Facebook, Instagram, and is searchable on internet sites. NR proudly promotes on social media, "I'm NR, the founder & lead driver. I grew up in the special needs community & have a passion to help this population."

Services Most Utilized

As of December 31, 2024, the services most utilized by CWP participants across all five regions were as follows, in order of highest demand:

Self-Directed Personal Assistance Community	11%
Community Transportation	11%
Self-Directed Community Transportation	10%
Self-Directed Personal Assistance – Home	10%
Assistive Technology and Adaptive Aids Devices	8%
Personal Assistance - Community	8%
Self-Directed Breaks and Opportunities	7%
Community-Based Residential/Adult Family Home	7%
Community Integration Connections and Skills Training	5.5%
Supported Employment	4%
Remote Supports	4%

These services accounted for 86% of all active authorizations reported at the end of the quarter. Looking only at new authorizations during Y4/Q1, Region II accounted for most authorizations (38), followed by Regions I and III (both 21 authorizations), Region V (20) and Region IV (3).

This pattern of service utilization is aligned with expected utilization for a program focused on preserving current living arrangements, keeping families together and supporting community integration. The low use of Community-Based Residential Services/Adult Family Homes reflects the focus on preserving community living arrangements and using less restrictive options to meet needs. Also of note is that in Y4/Q1 Adult Family Home availability grew, offering a family-like option for those who need out-of-home placement.

Policy and Administrative Difficulties in Operating the Demonstration

Enrollment and Outreach Challenges:

In Y4/Q1, the CWP continued to face ongoing challenges with increasing enrollment numbers at the targeted pace. The table below summarizes the new enrollments in Y4/Q1.

Demonstration Year 4 Enrollments by Region and County

Region	Counties	Enrollment Group:						
		Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Disenrollments	NET
Region 1	Madison	0	0	5	0	0	6	**-1**
	Morgan	0	0	0	0	0	1	**-1**
	Limestone	0	0	0	1	0	0	**1**
Region 2	Tuscaloosa	0	2	4	1	0	4	**3**
	Walker	0	1	0	0	0	0	**1**
Region 3	Mobile	0	0	0	0	0	4	**-4**
	Baldwin	0	0	3	3	0	4	**2**
Region 4	Montgomery	0	0	2	0	0	2	**0**
	Elmore	1	0	0	0	0	0	**1**
	Houston	0	0	1	0	0	0	**1**
Region 5	Jefferson	1	1	4	2	0	5	**3**
Group Enrollment TOTALS:		**2**	**4**	**19**	**7**	**0**	**26**	
							Total Enrollments (Net)	**6**
							Total Enrollments (Gross)	**32**

The initial goal of 500 gross enrollments was met in the last quarter of Y3 with a year-end total of 515 gross enrollments. The overall net enrollment at the end of Y4/Q1 was 410 and gross enrollment was 547 as of December 31, 2024.

Enrollments: Inception of Demonstration (11/1/21) to WY4/Q1 (12/31/24)

		Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Disenrollments	NET	GROSS
Region 1	Madison	9	24	52	8	0	25	**68**	**93**
	Morgan	0	3	17	1	0	7	**14**	**21**
	Limestone	0	5	10	2	0	4	**13**	**17**
	Total	**9**	**32**	**79**	**11**	**0**	**36**	**95**	**131**
Region 2	Tuscaloosa	1	28	53	3	1	15	**71**	**86**
	Walker	2	12	21	3	0	4	**34**	**38**
	Total	**3**	**40**	**74**	**6**	**1**	**19**	**105**	**124**

Region 3	Mobile	3	18	31	18	0	15	**55**	**70**
	Baldwin	1	16	34	8	0	10	**49**	**59**
	Total	**4**	**34**	**65**	**26**	**0**	**25**	**104**	**129**
Region 4	Montgomery	1	3	27	2	0	16	**17**	**33**
	Elmore	2	3	7	3	0	1	**14**	**15**
	Houston	0	5	15	2	0	9	**13**	**22**
	Total	**3**	**11**	**49**	**7**	**0**	**26**	**44**	**70**
Region 5	Jefferson	7	9	54	21	2	31	**62**	**93**
	Total	**7**	**9**	**54**	**21**	**2**	**31**	**62**	**93**
Group Enrollment TOTALS:		**26**	**126**	**321**	**71**	**3**	**137**		
							Total Enrollments (Net)	**410**	
							Total Enrollments (Gross)	**547**	

During Y4/Q1, data from AMA showed there was a net total of 6 enrollments and 32 gross enrollments as reflected in the table below. However, ADMH/DD data showed a net total of 25 enrollments and 32 gross enrollments. The number of disenrollments did not align between AMA and ADMH/DD data. The two agencies are working to resolve the discrepancy. Of the seven disenrollments identified by both agencies, the reasons were death, moved out of state, no Medicaid, two families did not want workers in their home, and one individual was unable to access needed service (Skilled Nursing).

Demonstration Month & Region	**Counties**	**Enrollment Group:**						
Oct-24		**Gr 1**	**Gr 2**	**Gr 3**	**Gr 4**	**Gr 5**	**Disenrollments**	**NET**
Region 1	Madison	0	0	3	0	0	1	**2**
	Morgan	0	0	0	0	0	1	**-1**
	Limestone	0	0	0	1	0	0	**1**
Region 2	Tuscaloosa	0	0	0	1	0	2	**-1**
	Walker	0	0	0	0	0	0	**0**
Region 3	Mobile	0	0	0	0	0	0	**0**
	Baldwin	0	0	0	1	0	2	**-1**
Region 4	Montgomery	0	0	1	0	0	1	**0**
	Elmore	0	0	0	0	0	0	**0**
	Houston	0	0	0	0	0	0	**0**
Region 5	Jefferson	0	0	1	0	0	3	**-2**
October 2024 TOTAL:		**0**	**0**	**5**	**3**	**0**	**10**	
							Oct-24 Net Total	**-2**
							Oct-24 Gross Total	**8**

Demonstration Month & Region	**Counties**	**Enrollment Group:**						
Nov-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	0	3	0	0	1	**2**
	Walker	0	1	0	0	0	0	**1**
Region 3	Mobile	0	0	0	0	0	0	**0**
	Baldwin	0	0	0	0	0	1	**-1**
Region 4	Montgomery	0	0	1	0	0	0	**1**
	Elmore	0	0	0	0	0	0	**0**
	Houston	0	0	0	0	0	0	**0**
Region 5	Jefferson	1	1	1	0	0	1	**2**
November 2024 TOTAL:		**1**	**2**	**6**	**0**	**0**	**3**	
							Nov-24 Net Total	**6**
							Nov-24 Gross Total	**9**

Demonstration Month & Region	**Counties**	**Enrollment Group:**						
Dec-24		**Gr 1**	**Gr 2**	**Gr 3**	**Gr 4**	**Gr 5**	**Disenrollments**	**NET**
Region 1	Madison	0	0	1	0	0	5	**1**
	Morgan	0	0	0	0	0	0	**0**
	Limestone	0	0	0	0	0	0	**0**
Region 2	Tuscaloosa	0	2	1	0	0	1	**3**
	Walker	0	0	0	0	0	0	**0**
Region 3	Mobile	0	0	0	0	0	4	**0**
	Baldwin	0	0	3	2	0	1	**5**
Region 4	Montgomery	0	0	0	0	0	1	**0**
	Elmore	1	0	0	0	0	0	**1**
	Houston	0	0	1	0	0	0	**1**
Region 5	Jefferson	0	0	2	2	0	1	**4**
December 2024 TOTAL:		**1**	**2**	**8**	**4**	**0**	**13**	
							Dec-24 Net Total	**2**
							Dec-24 Gross Total	**15**
							Y4/Q1 Net Total	**6**
							Y4/Q1 Gross Total	**32**

Moving forward, ADMH/DDD is committed to ensuring an appropriate pace for continued enrollment growth in the CWP, given the estimated 660 funded slots still available and the waiting list in CWP counties exceeding this number.

While eligible individuals exist on the waiting list, 310 agencies responsible for supporting individuals to access services have not been keeping in contact with those on the waiting list and therefore, up to date contact and eligibility information is often missing from the records of individuals on the waiting list. As a result, ADMH/DDD has struggled to find some people on the waiting list and secure appropriate eligibility information for enrollment. In addition, as ADMH/DDD staff not directly involved in the CWP have begun doing outreach efforts to facilitate enrollment, there have been lower enrollments than when CWP Support Coordination staff performed outreach. Additionally, the procedures

required to complete enrollment are being completed at a very slow pace. Overall, problems with enrollment remain one of the most challenging aspects to ending the waiting list. The Associate Commissioner plans to meet with the 310s and highlight the importance of their role in keeping waiting list participant contact and eligibility information up to date. This will be expected as part of the expanding partnership with the 310s in the CWP counties, who will – upon successful amendment of the CWP, become providers of Support Coordination for the CWP for all new enrollees going forward. The proposed CWP amendment is currently with AMA for review. Additionally, the ADMH manager that supervises the Waiting List Coordinators in the regional offices will instruct these staff to ensure active outreach is being done prior to enrollment to verify individuals to be enrolled in Groups 1, 2, 3 and 5: have a goal to preserve their current living arrangement and/or work in competitive integrated employment; are interested in receiving services now, are not enrolled in another waiver and already receiving needed services through that waiver, and have Medicaid eligibility in place. This is expected to reduce inappropriate enrollments, which then lead to avoidable disenrollments, and to move appropriate enrollments along more quickly.

The lack of an effective outreach strategy for Group 5 continues to be a challenge for ADMH and the 310 Boards charged with facilitating enrollment into the waivers. A total of three individuals have been enrolled into Group 5 since the launch. ADMH/DDD leadership drafted an amendment to the CWP that proposes to change the minimum age for Group 5 from 22 to 18. This will enable ADMH and 310s to reach eligible individuals through high schools and educate them about the opportunity to immediately enroll in the CWP to support their successful transition to adulthood. Additionally, during Y3/Q4, the legacy waivers received approval of amendments that revised eligibility criteria. The required IQ score changed from “below 70” to “72 and below.” The age of onset changed from “prior to age 18” to “prior to age 22.” CWP leadership anticipates proposing these eligibility changes for consistency across the waiver programs and to expand access to the CWP. In the meantime, CWP staff will be meeting with the 310s from CWP counties and other key community partners during Y4/Q2 with regard to their role in outreach to identify interested and eligible enrollees for Group 5. ADMH/DD will be distributing information for printing to be used by the 310s and other partners in conducting outreach.

Appropriate Program Capacity and Expertise to Respond to New Referrals and Participants in Crisis

Continuing into Y4, the need for effective, readily available, crisis intervention and stabilization services was reinforced and affirmed. It is recognized that the answer to someone who is in a mental health/behavioral crisis is not a traditional group home with highly restrictive staffing (e.g., 2:1 or 3:1). This arrangement may contain the crisis, but it typically will not address the underlying cause of the crisis in a way that can stabilize the individual and get them out of crisis. Additionally, 1:1 staffing or higher is considered a restrictive measure. The lack of group homes that can provide 1:1, 2:1 or 3:1 staffing is not the problem. In fact, the real problem is the lack of true, crisis intervention and stabilization services:

- There is a lack of statewide crisis response capacity with professionals trained to work with individuals with ID and their families to stabilize the situation, avoiding unnecessary police involvement or abandonment of individuals at emergency rooms or other acute care settings.
- There is a lack of adequate mental health professionals, who will accept Medicaid, with experience and/or training to work with individuals with ID and their families and to prescribe medications based on the most up-to-date research and evidence base.
- There is a lack of crisis stabilization units where individuals who cannot be stabilized in their community location can be taken for short-term crisis stabilization leading to planful return to their home, family and community. ADMH/DDD is sometimes forced to send individuals out of state for this kind of critical treatment. Efforts to develop these crisis stabilization units in-state have not yet led to consistent success for individuals referred.
- Too often, people exhibiting behavior that indicates they are in crisis are assumed to have a disability that causes this behavior, and there is an assumption there is no intervention(s) that can help. Legitimate mental health conditions are missed and therefore not treated.
- Not enough behavioral specialists (BCBAs) work with people who live with their families, and those that do are not able to stay engaged over time in a way that proves effective for the family and their family member with ID.

ADMH/DDD continues to collaborate with community partners and seek the organizations and professionals with the experience and expertise to operate the above crisis intervention and stabilization services effectively and cost-

effectively. Project Transition (PT) is an organization with expertise and experience with whom ADMH has contracted. PT is an experienced multi-state provider specializing in serving individuals with dual diagnosis in the least restrictive community setting possible. Primarily, PT works with adults (including young adults approaching their 18th birthday) with ID who struggle with serious mental illness, co-occurring substance use disorder, and/or behavioral challenges. While they are establishing their Alabama-based operation, the CWP has referred approximately 23 referrals and participants to PT. Their involvement has helped facilitate successful transitions out of in-patient and other highly restrictive settings. ADMH/DDD has also invested in two existing providers – The Learning Tree and Glenwood – to operate crisis stabilization residential units for children and adults, intended to stabilize individuals and defuse their crises so they can return to community living, either with their family/natural supports or in a waiver-funded option like Supported Living-Intensive: Adult Family Home or group home. PT is also consulting with The Learning Tree and Glenwood.

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

Support Coordination Staffing Challenges, Underlying Causes, and Strategies to Address Challenges

Going into Y4, the CWP accomplished the development of new human resource classifications for ADMH/DDD support coordinators to attract more qualified applicants to fill positions. This has helped address the workforce crisis which has impacted ADMH/DDD similar to it has impacted the provider community. Additional support coordinators are expected to be hired in Y4 as enrollments increase. However, during Y4/Q1 there were vacancies in key positions.

Staff promotions in Region I led to vacancies in key positions including the Support Coordination Manager and level one and two positions. Requests to fill these vacancies have been submitted to human resources. In Region II, the 310 agencies are addressing additional staffing needs in preparation for moving 41 people from the waiting list into services. In Region III, maximum caseloads are exceeded indicating that additional positions need to be created and filled. The Department is in the process of assessing staffing needed within ADMH and how involving 310 agencies in CWP Support Coordination can help address the need for more staffing. In Region IV, there was one new hire during the quarter, but additional vacancies remain. The request to fill the one vacancy has been submitted to human resources. Region V is at staffing capacity and employees have the appropriate caseloads assigned.

Region	Current Staff Total (Incl. Supervisors)	Resignations	New Hires	Remaining Vacancies	Full Staff Cadre
1	3	1	1	2	6
2	6	0	0	0	6
3	6	0	3	0	6
4	3	2	2	1	3
5	7	0	1	0	7

While there are many challenges that CWP support coordinators (SCs) face, one thing that all SCs consistently agree upon is the intrinsic reward of the work they do for each individual. The opportunity to make a meaningful difference in the lives of those served is the drive that inspires. Staffing for FY25 continues to be one of the top priorities for CWP moving forward.

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

The CWP continued to assess and address ongoing service gaps in all regions primarily attributed to direct service professional (DSP) shortages. This has been an ongoing challenge since the launch of the CWP which occurred shortly after the height of the COVID-19 Public Health Emergency (PHE). Nationally, the picture is not that much different, as most states are reporting continued provider staffing shortages.

After an ADMH/DDD rate study in FY23, implementation of increased rates in the legacy waivers in FY24 and the continuation of a 30% state-funded rate enhancement for all delivered services in the CWP has helped providers stabilize and reduce their staffing challenges. These rate enhancements will continue, except for individuals in group

homes with specially negotiated rates above the rates otherwise paid on the ID waiver, until the CWP amendments increasing expenditure caps to allow for rate increases is approved by CMS. In addition, regular CWP provider meetings are held with providers on the second Thursday of each month to address ongoing concerns with staff shortages and other issues for CWP providers. These meetings are positive. Providers are also able to share success stories during the meetings.

In the last State of the Workforce Survey results from 2023, Alabama was identified as one of the states with the largest decrease in turnover among the 24 states who participated in the 2022 and 2023 survey. The CWP has already seen the benefits of this, as there are less challenges with providers being able to accept and serve CWP referrals than in the past. The state hopes this positive change will continue in the CWP moving forward.

Key Achievements and the Conditions or Efforts to which these Achievements are Attributed

Provider Network Successes

As a result of 12 new agencies responding to the Request for Proposal (RFP), ADMH-DDD expects growth in the number of providers from 54 in Y4/Q1 to 66 providers in the upcoming quarters.

There were positive outcomes from the expansion of service delivery within the existing provider network through contract amendments during Y4/Q1. Providers who initially contracted to offer only one service are now providing multiple services across the regions. This has contributed to an increase in the number of referrals from the CWP being accepted by providers.

Ensuring Fully Trained Direct Support Professional Workforce for the CWP

The CWP continues to focus on ensuring a qualified and well-trained direct service workforce within the network of providers. This is accomplished through offering a formal, competency-based badge curricula developed and managed by key contracted partners including the Tennessee Board of Regents (TBR) and the Columbus Group who coordinates the entire CWP Provider Readiness Initiative. Going into Y4/Q1, ADMH/DDD continued to:

- Provide a competency-based online, on-demand, training course for DSPs working in the CWP free-of-charge for providers. Training content was developed by national experts. ADMH/DDD allowed for portability of the credential earned.
- Eliminated duplication of training requirements by reminding providers of policy guidance allowing DSPs who have completed the required training for CWP to be considered trained for providing services in the legacy ID and LAH waivers.
- Continued to allow DSPs to complete just the initial portion of the training before they can begin providing basic-level CWP services, moving completion deadlines for the remainder of the required trainings to after the DSP begins providing CWP service.
- Provided, free-of-charge for providers, a competency-based online on-demand training course for provider agency supervisors/trainers of DSPs to become credentialed “Success Coaches” to support DSPs to successfully complete their training. Research on utilization of the “Success Coach” model has demonstrated success coaching can positively impact learner achievement in terms of learner persistence, learner retention, and learner completion.[1]
- Provided, free-of-charge for providers, third-party Success Coaches when providers did not have internal staff available to act in this role.

TBR, who hosts the AL Employment and Community First (AL ECF) training platform, made significant improvements to the platform which providers and learners found to be advantageous during Y3 and these efforts are evidence in the ongoing feedback from provider agencies and the satisfaction survey from the course. The overall Satisfaction Survey, based on 40 responses during the reporting period, yielded the following data:

- Overall Satisfaction with the AL ECF Course: 4.51 out of 5
- Satisfaction with the AL ECF Success Coaching Experience: 4.53 out of 5

- Satisfaction with the Course Material: 4.59 out of 5

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

Credentialing staff continued to collaborate with the Council on Quality and Leadership (CQL) to advance best practices in provider credentialing for the CWP. Due to the success of the CWP tool created by CQL, a similar tool was developed for providers of legacy waiver services using insights from the CWP credentialing tool in an effort to ensure consistency. Credentialing staff are working closely with CQL to review features of the new tool developed for the legacy waivers to determine if features of this tool might enhance the CWP tool. As a result of some enhancements, the final version of the credentialing tool for the CWP is not expected until Y4/Q2. Once the final version is reviewed and approved by AMA, formal trainings on the finalized tool will be held with CWP providers.

CWP credentialing staff continued to receive positive feedback from provider agencies regarding their approach and the providers' experience with the credentialing process. Agencies across all five regions received individualized support, including Microsoft Teams access to streamline documentation and upload and access to the CQL Credentialing workbooks. Providers appreciated the transparency and collaborative approach of credentialing staff. Providers have expressed their gratitude during provider network meetings. Provider satisfaction surveys confirmed strong engagement. Some agencies struggled to meet documentation requirements, necessitating remediation plans. Others have struggled with retaining staff to meet service needs. Credentialing staff will continue to monitor and work closely with agencies that encounter challenges.

Despite credentialing staff turnover, the credentialing work continued because each staff that left the position, fulfilled their assigned responsibilities. ADMH/DDD was able to quickly fill the credentialing staff vacancies and new staff were trained and were able to resume the work of the previous staff without delays.

In summary, despite challenges with staffing and some provider challenges, credentialing's proactive engagement and emphasis on transparency has established a solid foundation for credentialing. Moving forward, credentialing aims to leverage the positive momentum with providers, address challenges in documentation and tool alignment, and support staff continuity and development for sustained success.

Information Technology System and Incident Reporting

Therap Incident Prevention and Management System (IPMS)

The process of launching Therap CWP Incident Prevention and Management System (IPMS) was initiated in Y1/Q3. Beginning in Y2/Q1, ADMH/DDD began a state contract with Therap to replace the current electronic record system (ADIDIS/WellSky). As part of this process, staff are meeting with Therap weekly to discuss improvements to the system, including but not limited to the incident management module. With the proposed changes, it will eventually 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 year four and five (Y4 and Y5) of the demonstration.

As discussed in previous QMRs, currently, in the IPMS system being utilized (Therap), there is not a simple method to sort incidents by waiver. The ADMH/DDD quality assurance staff worked to pull manual data to indicate CWP participants by name by matching to gain accurate counts for all CWP reportable incidents throughout the life of the waiver, since inception in 2021. Prior reports indicate the inability to identify the incidents utilizing the system, but ADMH-DDD now has complete data for each waiver year for the CWP.

Incident Reporting

There were 61 reportable incidents submitted in the CWP for Y4/Q1. Abuse, neglect, and exploitation allegations that were not substantiated are not included in the breakdown below.

Y4/Q1 Incident Data

Incident Type	Occurrences
Neglect (substantiated)	2
Mistreatment (substantiated)	1
Psychiatric Hospital Admissions	1
Medical Hospital Admissions	5
Law Enforcement Involvement	3
Relocation (pest control)	2

The two neglect incidents reported and substantiated involved an incident where a staff member was under the influence of marijuana while driving with a waiver participant; and the other was due to a staff member not present, temporarily, at a home after a waiver participant was dropped off. In both cases, verbal and written disciplinary actions were utilized by the provider agencies as corrective action. The substantiated mistreatment involved a staff member blocking a participant in his room while she took a smoke break. The staff member's employment was terminated by the agency. Two of the law enforcement incidents involved calling the authorities due to aggressive crisis situations and the third was a result of requesting assistance when a waiver participant left the home and there were safety concerns.

Administrative Code

There were no administrative code updates in Y4/Q1.

Identified Beneficiary Issues and Complaints

There were no complaints/issues reported for this reporting period.

Lawsuits and or Legal Actions

There were no lawsuits or legal actions related to the CWP during Y4/Q1.

Legislative Updates

The ADMH Office of Legislative and Constituent Affairs supported Commissioner Boswell in submitting the Department's 2025 Legislative Agenda to the Governor's Office on November 1, 2024. As requested by the Governor's Chief of Staff, ADMH listed several bills it anticipates being filed this session, along with legislation the Department will support. Bills we anticipate supporting include the following:

- Houston Hunter Act
- Tax Credit for Gun Safety Equipment
- School Cell Phone Restriction Supported by ALSDE

ADMH identified its FY2026 Budget Request as its number one priority. The Office of Legislative and Constituent Affairs worked with each Division as well as ADMH stakeholders to collect data and draft budget narratives required for the budget request.

The first day of the 2025 Legislative Session is Tuesday, February 4, 2025. ADMH continues to monitor all in-coming prefilled bills for the 2025 legislative session.

Unusual and Unanticipated Trends

There were no unusual or unanticipated trends during Y4/Q1.

STC 41: Performance Metrics

In Y1/Q1, 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 the first demonstration year.

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 enrollments for the reporting period.
Denominator: Total targeted enrollments for the reporting period.

Data Collection Methodologies: Enrollments are entered into the Alabama Department of Intellectual Disabilities Information System for Case Management and Claims Billing (ADIDIS), on the Regional Office Waiver Registration Screen by the Regional Office Waiver Coordinator. A report summarizing enrollments during the reporting period is pulled from ADIDIS 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. This data is compared to reports provided by the Alabama Medicaid Agency (AMA), which are utilized to calculate the numbers provided throughout this report.

	Total Targeted Net Enrollments Statewide	% of Targeted Net Enrollments for Year 3	Program Inception to Date Net Enrollment Goal
Y4/Q1	82	25%	486
Y4/Q2	82	25%	568
Y4/Q3	82	25%	650
Y4/Q4	82	25%	732

Data for the Demonstration Year (Y4/Q1):

Total Net Enrollments for the Reporting Period	Total Targeted Net Enrollments	Performance
6	**82**	**7%**

Data for the Demonstration Since Inception:

Total Net Enrollments for the Reporting Period	Total Targeted Net Enrollments for Y3	Performance
410	**732**	**56%**

Data Discussion:
Please see discussion under Enrollment Challenges section that appears earlier in this report.

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 enrollments, ages 14-64, with enrollment priority for obtaining or maintaining competitive integrated employment.

Denominator: Total CWP 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 CWP Waitlist Details Database, including the enrollment priority category. ADMH/DD 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.

Enrollments are entered into the ADIDIS system's Regional Office Waiver Registration Screen by the Regional Office Waiver Coordinator. A report summarizing all new enrollments, for individuals ages 14-64, during the reporting period is pulled from ADIDIS to obtain the denominator. This data is compared to reports provided by the Alabama Medicaid Agency (AMA), which are utilized to calculate the numbers provided throughout this report.

Data for the Year Three 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
10	30	33%

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
174	478	36%

Data Discussion:
During Y4/Q1, 33% of working-age enrollees expressed interest in obtaining and maintaining competitive integrated employment as a reason for their desire to enroll in the Community Waiver Program. Since inception of the waiver, 36%

of working-age enrollees expressed interest in obtaining and maintaining competitive integrated employment. There were two people removed from the denominator in Y4/Q1 due to being younger than 14 or older than 64.

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 30 days of enrollment, support coordinators are responsible for obtaining and entering correct information on "Residence Type" into 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 Demonstration Since Inception:

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 Performance period	
376	**410**	**92%**

Data Discussion:
CWP enrollees that were seeking services to sustain their family/natural living arrangement or to live independently with supports remains high. Overall, as of the last day of Y4/Q1, 92% of CWP enrollees were being supported to sustain family/natural living arrangements or live independently.[2]

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

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

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

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

[2] Includes individuals, age 18+, able to live in a home or apartment, that is not provider owned or controlled, with Non-Intensive or Intensive Supported Living Services, Remote Supports, or any combination of other available CWP services (not including Adult Family Home or Community-Based Residential Services.

Data Collection Methodologies: Regional Office Fiscal Managers enter service authorizations into ADIDIS from approved Person-Centered Plans for CWP participants, previously entered into ADIDIS by support coordinators. The denominator is generated by running a report from the ADIDIS CWP Participant File, as of the last day of the reporting period, to obtain the complete list of CWP participants. 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, constitute 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 Demonstration Since Inception:

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
179	**304**	**53%**

Data Discussion:
As of December 31, 2024, 53% of CWP participants have at least one service in their Person-Centered Plan (PCP) that they have chosen to self-direct. During Y3, CWP leadership staff collaborated with a contractor, Applied Self Direction, to develop tools and resources for support coordinators to actively assist participants, when needed, with locating workers to provide self-directed services. This initiative has positively impacted data as over half of CWP participants with these options for services are choosing self-direction. While most participants have workers they can readily identify, some do not. To address this, these resources for support coordinators were developed and support coordinators were required to view the recorded training on these tools and resources. The relationship and communication between the self-directing participants and FMSAs have improved with fewer complaints and expressed concerns in Y3 and going into Y4/Q1. Each meeting has a formal agenda and includes time for participants/families/EORs to offer comments or ask questions.

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 as a result of CWP enrollment.

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

Denominator: Total 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 enrollments during the reporting period is pulled from

ADIDIS to obtain the denominator. This data is compared to reports provided by the Alabama Medicaid Agency (AMA), which are utilized to calculate the numbers provided throughout this report.

Data for Year Three Reporting Period:

Total CWP enrollees during the reporting period who qualified for and/or first received Medicaid coverage as a result of CWP enrollment	Total CWP enrollments during the reporting period	Performance
0	32	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	547	1%

Data Discussion:
Enrollees are pulled from the waiting list based in part on length of time waiting, and most typically already have Medicaid eligibility. There were no CWP enrollments during the quarter who did not already have Medicaid eligibility through another source. Since inception the total is eight, which represents the total number of enrollments that needed 204/205 and 376 forms to enroll.

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 "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 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 Year Three 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
2	2	89%

Data for the Demonstration Since Inception:

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
61	71	86%

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. It should be noted there was a significant decrease in the number of surveys administered during Y4/Q1 due to lack of staff capacity, with only two being conducted during Y4/Q1.

Metric #2: % of CWP participants filing a grievance and/or appeal during the reporting period.

Numerator: Total CWP participants 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/DD 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 Year Three Reporting Period:

Total CWP participants filing a grievance and/or appeal during the reporting period	Total CWP participants as of the last day of the reporting period	Performance
0	410	100%

Data for the Demonstration Since Inception:

Total CWP participants filing a grievance and/or appeal during the reporting period	Total CWP participants as of the last day of the reporting period	Performance

1	**410**	**~100%**

Data Discussion:
There was a total of one (1) grievance during the first demonstration year and none during the second, third, or fourth demonstration years. Therefore, no patterns or trends could be noted.

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 approved (signed) 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*

***Provider owned, or controlled settings are defined as specific, residential places, in which a CWP participant resides and/or receives CWP services, that are owned, co-owned, and/or operated by a provider of CWP services.*

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

Data Collection Methodologies: Regional Office Fiscal Managers enter service authorizations into ADIDIS from approved Person-Centered Plans for CWP participants that have been entered into ADIDIS by support coordinators.

The denominator is generated by running a report from the ADIDIS CWP Participant File, as of the last day of the reporting period, to obtain the complete list of CWP participants. Then, using this list of CWP participants, a service authorizations report is run, as of the last day of the reporting period, to identify the sub-set that has services authorized indicating an approved (signed) Person-Centered Plan is in place. This generates the denominator.

For the numerator, a service authorization report will be run for each CWP participant included in the denominator. Authorizations for the following service types will be excluded:

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

Remaining authorizations for each CWP participant are analyzed. A CWP participant is counted in the numerator if none of the following authorizations appear in their remaining authorizations:

- Community-Based Residential Services
- Adult Family Home

- Breaks and Opportunities (Planned Respite)

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
359	431	83%

Data Discussion:
Of the 431 CWP participants as of the last day of the demonstration year who had a signed PCP including services in addition to Support Coordination, only 72 were receiving a CWP-funded service in a setting that is a provider owned or controlled residential setting. This equates to 83% of participants where all services are outside of provider owned and controlled residential settings.

STC 41: Budget Neutrality and Financial Reporting Requirements

There were no Group 5 enrollments during Y4/Q1. The Y4/Q1 Budget Neutrality Report will be reflective of this.

STC 48: Evaluation Activities and Interim Findings

HMA did not have any relevant findings to report during Y4/Q1. Current detailed information can be found in the Y3 annual report submitted to CMS in December 2024.

STC 30: Preferred Provider Selection

Preferred Provider Network

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

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

This approach allows the State to manage provider network capacity in a way that reflects CWP enrollees' desires for services, as determined through a conflict-free person-centered assessment and planning process. As compared to a network management strategy requiring the State to contract with *any willing provider* for specific CWP services and regions, regardless of whether additional provider capacity is needed, the approach used in the CWP prevents *unbalanced provider capacity* from developing, which has historically led to excess capacity in certain services, thus influencing the identification of services in participants' person-centered planning processes. Instead of being based on participants' defined outcomes and assessment of related needs, identification of services can instead be driven too much by the services willing providers desire and do not desire to offer.

The CWP's ability to limit, while maintaining the adequacy of, the provider network seeks to address this issue and avoid over-utilization of certain services based on provider preference to provide, rather than a conflict-free person-centered assessment and planning process. Secondly, when a state must contract with any willing provider, the number of providers enrolled for a 1915(c) waiver can become too high for the state to adequately and effectively oversee, forcing too many resources of the state oversight agency to go to basic enrollment and compliance monitoring rather than true quality

assurance and improvement work. For example, most of ADMH/DDD staff's time for managing the legacy waiver provider network has gone to re-certification reviews and addressing compliance issues with poor performing providers, leaving little to no time to work with better performing providers on quality improvement and innovation. Over time, this has created a natural tendency for ADMH/DDD to establish more rules and restrictions on flexibility in response to the focus on poor performing providers. Thirdly, when there are more providers than are needed to meet participant demand, all participating providers receive fewer referrals than needed to operate effectively and efficiently, particularly when a waiver program is smaller in size. This can compromise the success of all providers. Lastly, increasing the number of provider agencies in a waiver provider network does not automatically translate into more DSP availability, which is the real key to increasing the availability of services. Instead, it can mean, particularly in the current workforce crisis, that more provider agencies subsequently compete for the same limited pool of workers, again compromising the sustainability of all provider agencies as an unintended result.

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

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

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

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

Preferred Provider Qualifications for Current CWP Providers

The minimum PPQ score for a provider to be admitted to the CWP network, if selected through the RFP process is 12. The maximum score remains 50. However, ADMH/DDD has been able to recruit and establish a provider network for the CWP that collectively achieved an average PPQ score of 24, with a range of scores from 12 to 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 began the demonstration by monitoring provider capacity on a monthly and quarterly basis.

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

1. A standardized tool for CWP providers to report service initiations for CWP participants and projected future capacity to accept new referrals was developed and implemented during Y1 of the demonstration.

2. In demonstration Y1, fields were added to the ADIDIS case management information system to enable CWP support coordinators to track referrals to providers, including dates referrals were made and dates referrals were accepted by providers. These system changes were implemented to monitor provider capacity as defined in STC 30.

The State is reporting the results of its provider network capacity monitoring process in this annual monitoring report per requirements of the approved CWP Waiver, except where a reason may appear in the narrative for adopting a change because experience up to this point in the demonstration proved the original method was not effective. The data utilized includes information for Y3/Q4.

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 (Y4/Q1) there were 54 providers collectively providing 33 CWP services across the five regions. There was no change in the number of providers since Y3/Q4. However, an RFP held in Y3 resulted in 12 new providers being selected based on need for more capacity as enrollments continue to grow. These providers are expected to be fully contracted by Y4/Q2, bringing the total to 66 providers.

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 Y4/Q1 are summarized in the chart below. The numbers provided include information collected from providers to identify their prospective capacity for January 2025.
Note: Provider response rate improved significantly with the change to reduce the frequency of reporting to only the last month of each quarter and with formal notice from the ADMH Associate Commissioner. This quarter the provider response rate increased from 17% to 91% with 49 of 54 providers submitting the information.

Anticipated Capacity - January 2025	REGION 1 TOTAL	REGION 2 TOTAL	REGION 3 TOTAL	REGION 4 TOTAL	REGION 5 TOTAL	TOTAL ALL REGIONS
Adult Family Home	0	0	0	0	1	1
Assistive Technology and Adaptive Aids	0	0	0	0	0	0
Breaks and Opportunities (Respite)	9	1	17	8	3	38
Community Integration Connection and Skills	20	6	17	13	28	84
Community Transportation	26	9	7	12	26	80
Community-Based Residential Services	2	4	5	1	10	22
Employment Supports - Co-Worker Supports	0	10	0	0	24	34
SE - Individual: Career Advancement	1	8	4	2	30	45
SE - Individual: Support Discovery	5	17	4	6	30	62
SE - Individual: Exploration	5	8	0	7	30	50
SE - Individual: Job Coaching	16	11	4	5	30	66
SE - Individual: Job Development Plan	17	14	4	6	30	71
SE- Individual: Job Development	18	14	4	8	30	74
SE - Integrated Employment Path	8	5	0	5	30	48
Supported Employment Small Group	6	0	0	0	32	38
Family Empowerment and System Navigation Counseling	0	10	10	0	23	43

Financial Literacy and Work Incentives Benefits Counseling	33	14	14	20	30	111
Housing Counseling Services	26	12	2	2	27	69
Housing Start-Up Assistance	1	12	2	2	9	26
Independent Living Skills Training	24	15	5	10	20	74
Minor Home Modifications	4	10	0	7	5	26
Natural Support/Caregiver Education Training	0	0	0	0	20	20
Occupational Therapy	0	0	0	0	3	3
Peer Specialist Supports	32	0	0	5	20	57
Personal Assistance Community	20	8	12	13	31	84
Personal Assistance Home	16	8	12	13	14	63
Physical Therapy	0	0	0	0	0	0
Positive Behavioral Supports	1	1	2	2	30	36
Remote Supports Backup Contractor	0	0	0	0	0	0
Remote Supports Contractor	10	10	10	10	10	50
Skilled Nursing	0	0	0	0	0	0
Speech and Language Therapy	0	0	0	0	1	1
Supported Living Services	0	0	0	0	5	5
TOTAL CAPACITY-ALL SERVICES	290	197	125	147	582	1381

Discussion: With a 91% response rate from providers, the network capacity looks much stronger than in past reports. Many of the most utilized provider agency services are showing capacity for new participants across all or most regions:

- Agency Community Transportation: Capacity reported in all five regions.
- Agency Personal Assistance – Home and Community: Capacity reported in all five regions.
- Breaks and Opportunities: Capacity reported in all five regions, although limited in Region II
- Community Integration Connection and Skills Training: Capacity reported in all five regions.
- Community-Based Residential Services: Capacity reported in all five regions although limited capacity in Region IV.
- Independent Living Skills Training: Capacity reported in all five regions.
- Supported Employment Services: Capacity across all regions is noted with just a few gaps in Regions II, III, and IV.

With regard to services that show limited or no capacity, the following is noted:

- Assistive Technology & Adaptive Aids: Capacity not reported in any region.
- Therapies/Skilled Nursing: The proposed waiver amendments will allow subcontracting by other CWP providers which is expected to increase access. Additionally, support coordinator training will ensure therapies and nursing available through the State Plan (including EPSDT) are fully leveraged for CWP participants if available.
- Adult Family Home: Incentives are available for the establishment of new AFHs and the recent RFP increased the number of providers who will be contracted to provide this service in Y4 to three in total, which is expected to increase availability across all regions. As of this report, a total of seven new Adult Family Homes are in the process of being established.
- Positive Behavior Supports: Lack of capacity in Region V is being offset by availability of consultation by Project Transition; but lack of capacity in Regions III and IV remains an issue.
- Supported Living and Remote Supports Back-Up: ADMH/DDD will do more education of the provider network about these services and the rates supporting development and provision of these services. Like AFH, these are brand new services in Alabama, and it is clear providers need more targeted assistance to launch these services to meet needs.

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/Q4, referral acceptance rates continued to be tracked through support coordinator data in the ADIDIS system and provider monthly reports. With the ending of the COVID-19 public health emergency, according to the terms and conditions of the CWP, the State is required to seek additional providers when, by service and region, the average referral acceptance rate drops below 80%. The data for Y3/Q4 remains problematic. ADMH/DDD determined with its information technology staff that the existing data system is not able to accurately and reliably produce the data needed. ADMH/DDD is currently in the process of replacing this antiquated data system and the new system. A target date for this new system to be operational is still unknown unfortunately. However, please see the data below which shows how many CWP enrollees, by region and statewide, are waiting (no referral accepted) for one or more services from a provider agency, including which specific services they are awaiting. This data is collected directly from support coordinators at the end of each quarter.

CWP Service	Reg 1	Reg 2	Reg 3	Reg 4	Reg 5	TOTAL Y4/Q1	TOTAL Y3/Q4
Assistive Tech and Adaptive Aids	1	1	0	0	0	2	0
Respite Breaks and Opportunities	1	0	0	0	0	1	0
Community Integration Connections & Skills Training	4	0	0	5	0	9	5
Community Transportation	0	2	5	4	0	11	13
Independent Living Skills	0	1	0	0	0	1	0
Minor Home Modifications	2	1	0	0	0	3	2
Occupational Therapy	0	2	0	0	0	2	0
Personal Assistance-Home	4	0	2	10	0	16	12
Personal Assistance-Community	7	0	6	8	0	21	16
Physical Therapy	0	2	0	0	0	2	0
Positive Behavior Supports	2	4	0	0	0	6	6
Skilled Nursing	1	2	0	0	0	3	3
Speech & Language Therapy	0	2	0	0	0	2	15
Adult Family Home or Community-Based Residential	6	1	7	4	11	29	31
Unduplicated Total Participants	13	18	17	14	11	73	76
Total Enrolled	95	105	104	44	62	410	404
Percentage Waiting for 1 or More Services	14%	17%	16%	31.8%	17.7%	17.8%	18.8%
Percentage Not Waiting for Services	**86%**	**83%**	**84%**	**68.2%**	**82.3%**	**82.2%**	**81.2%**

Provider network challenges improved somewhat during this quarter as outlined in the above table. The number waiting for an agency provider for one or more services has gone down from 109 (Y3/Q2) to 73 in the Y4/Q1 period. The percentage waiting for a provider for one or more services has gone down from 26% (Y3/Q2) to an average of 17.8% in the Y4/Q1 period. Currently 82.2% of enrollees are not waiting for an agency provider for a service. This is a 1% increase as compared to Y3/Q4.

Method Step #4:

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

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

There were 15 new service initiations reported by providers in Y4/Q1. Based on all service initiations tracked and reported in Y4/Q1, the average length of time from referral acceptance (as reported by the provider) to service start was 20 days

with the range from five to 133 days. The average of 20 days is well below the cut-off of 45 days and is down from an average of 39 days in Y3/Q4.

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.

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 three years of the demonstration, and in Y4/Q1, the goal for Y4/Q2 is 103 new enrollments, or 34-35 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	2
Region III	4
Region IV	36
Region V	59
Total Statewide	103*
	**Target necessary to stay on pace to have 732 enrolled in CWP by 9/30/25*

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 12/31/24, as noted in the above table in Method Step #3, is added to the projection of capacity needed. Due to the continued growth of the program, additional provider capacity is needed in key service areas including assistive technology, therapies, skilled nursing, supported living, remote supports back-up, and adult family home services. ***The CWP particularly needs providers that bring a proven ability and commitment to recruit, retain and allocate new direct service professional hires to provide needed CWP services.*** The CWP looks forward to welcoming 12 new providers into the CWP network in Y4/Q2 including providers of adult family home and supported living services. ADMH/DDD will work with AMA to try to address the shortage of skilled nursing and therapy providers. Subcontract options for providers, once the CWP amendments are approved, should help with this shortage.

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.

Results of Data Analysis:

While administrative challenges to increasing enrollments and the need to hire additional support coordinators in some regions has slowed enrollments, for the first time, ***provider capacity appears adequate for most services and regions***. The increase from 17% to 91% of providers reporting capacity has helped create a more accurate picture that is decidedly more positive. Ongoing challenges with therapies, nursing and some new services require additional efforts by ADMH/DD and AMA to solve. With the Y3 RFP bringing an additional 12 new providers next quarter, capacity is expected to further increase. Only Region IV has less than 80% of enrollees receiving all services in their PCPs. Service initiation is averaging just 20 days after referral acceptance.

There remains a need to increase standby provider capacity and this need cuts across a range of CWP service types and regions. As this report demonstrates however, the DSP shortage coming out of COVID-19 pandemic appears to be lessening with much more provider capacity reported (Method Step #2), 12 new providers in the process of joining the network in Y4 as a result of the RFP process, and the percentage of CWP enrollees waiting on a provider declining to 17.8% in Y4/Q1. To further support this conclusion, data from the Staff Stability Survey conducted by National Core Indicators show ***providers in Alabama reported one of the largest decreases in direct service staff turnover in 2023 out of the 24 states that conducted the survey***.

If the pace of enrollments can be increased to the targeted pace and the pending, permanent rate increases are implemented after the CWP amendments are approved to raise expenditure caps to accommodate the rate increases without reducing services to participants, the State is confident providers will be able to increase their capacity to serve.

Conclusion

The first quarter of year four of the Community Waiver Program showed promising results on the provider network capacity issues. An additional 12 providers recruited through the RFP process are expected to be available to CWP participants by the end of Y4/Q2. CWP Support Coordination agencies, including ADMH, are taking stock of current Support Coordination capacity to take steps to grow the capacity, as needed to support increasing the pace of enrollments among individuals not in crisis with a particular emphasis on youth ages 14-21 (Enrollment Group 2) to support successful transition to adulthood, independence, and employment participation.

A new strategy will be implemented in Y4 to effectively addressing emergency referrals without reducing Support Coordination capacity to serve those enrolling who are not in crisis, to focus on preventing more crises from developing. In implementing this strategy, the CWP will continue to ensure people are appropriately served and not unnecessarily placed in a more restrictive setting than necessary by using the Special Review Committee. Additionally, efforts will continue to develop and expand Adult Family Home and Intensive Supported Living Services options as alternative options for individuals whose needs can be met by these options.

Over the first three years of CWP implementation, several things have been learned that point to the need for some waiver changes, including reimbursement rate increases based on the 2023 rate study, expenditure cap increases to accommodate the rate increases, and changes in provider qualifications, including adding ability of legally responsible individuals and guardians to provide self-directed services under circumstances that are federally permissible. AMA and ADMH will work together to determine whether these changes should be pursued through waiver amendments (1915c and 1115 waivers) or through the renewals of these waivers. A public forum will be held in spring of 2025 where program data, success stories, Year 3 evaluation results from the independent evaluator, and plans for waiver improvements can be shared with the public for their feedback. Forum participants will also be given the opportunity to make suggestions and express concerns based on their experience with the CWP.

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/DD 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 with regard to 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 with regard to 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 in order 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)