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

Quarterly Monitoring Report

10/01/2022 – 12/31/2022

Contents

Introduction

The Alabama Department of Mental Health's Division of Developmental Disabilities (ADMH/DDD) completed the first demonstration year of the Community Waiver Program (CWP) on September 30, 2022. While there were challenges throughout year one, lessons learned set a solid foundation for moving forward in year two. This report provides information on quarter one of the second demonstration year (Y2/Q1).

The priority this quarter was increasing monthly enrollments into the CWP to achieve the original enrollment goal of 500 slots. This required a collaborative effort between the 310 Support Coordination agencies, ADMH support coordinators, ADMH Waiver coordinators, and ADMH Wait List Coordinators. Individuals on the waiting list have accepted more than 87% of the 500 slots and are working through required eligibility updates, which have created significant and unanticipated challenges to enrollments. As of the end of Y2/Q1 (12/31/22), a total of 195 slots were filled. Additionally, technical amendments were submitted during the reporting period for the federally approved reallocation of attrition slots from the Intellectual Disabilities Waiver (ID) and the Living at Home Waiver (LAH) into the CWP. The allocated portion of FY22 ID and LAH attrition slots to the CWP increased the CWP capacity to 1,097 slots. With 327[1] slots to be filled, the enrollment goal for the end of FY23 (9/30/23) is set at 500, and the enrollment goal for the end of FY24 (9/30/24) is full enrollment of 1,097. With improvements to enrollment processes described in this report, the State anticipates requiring two fiscal years to fill all available slots, although enrollments will be accelerated whenever possible.

As enrollments continue to increase into the CWP, adequate provider network capacity is crucial. In year one, the CWP providers experienced significant challenges due to the national workforce shortage among direct support professionals (DSPs). Provider capacity and the availability of needed services for CWP participants are reviewed monthly, utilizing a *Provider Capacity Status Report*. As noted in the Y1 annual report, the anticipation of additional Requests for Proposals (RFPs) to fill provider/service gaps will be released during Y2. However, these RFPs will be released after key steps are taken early in Y2 to improve the probability of success resulting from the additional RFP processes. These steps include a planned CWP waiver amendment to increase both reimbursement rates and expenditure caps to make permanent enhanced payments for services made in response to the COVID-19 public health emergency (PHE) and to respond to the findings of a rate study ADMH/DDD procured in FY22.

The formal waiver rate study included a comprehensive review of all waiver services within each of the three ADMH/DDD administered waivers. The results of the study were published for public comment. Final recommendations from the rate study contractor are pending; however, increases in all reimbursement rates for most waiver services are expected. There will be no decreases in CWP rates and with the increased rates, the CWP expenditure caps will increase as well. The increased expenditure caps will require a waiver amendment in Y2. Once the necessary waiver amendment is approved by CMS, ADMH/DDD plans to issue a new RFP to fill any remaining provider network needs and expects that with the changes accomplished through the waiver amendment, the RFP process will achieve the desired results.

The CWP is the subject of a great deal of interest locally and nationally. During Y2/Q1, the CWP Director presented an overview of the CWP at both the State Employment Leadership Network (SELN) conference and the National Association of State Directors of Developmental Disabilities Services (NASDDDS) meeting in Alexandria, Virginia. The CWP Director also presented a comprehensive overview of the waiver at the Jefferson County Transition Team Coalition meeting in Y2/Q1. The Jefferson County Transition Team works extensively with transition-age youth within the various Local Education Agencies (LEA) located throughout this CWP county. Collaboration with this team is vital to the continued growth of the CWP in Jefferson County.

While the State's unemployment rate of 2.8%[2] is considered one of the lowest in the country, finding qualified staff to fill CWP support coordination and program oversight positions remains a challenge. Unfortunately, the CWP never reached 100% staff capacity in year one. Currently, both entry-level support coordination positions as well as one quality

[1] The identified 327 is calculated by subtracting the number enrolled at the end of FY22 (195) from the anticipated enrollment (500).

[2] The Office of Alabama Governor Kay Ivey, Press Release. (2023, January 20). *Governor Ivey Announces Another Record High Jobs Count, Alabama's December Unemployment Rate is 2.8%*. https://governor.alabama.gov/newsroom/2023/01/governor-ivey-announces-another-record-high-jobs-count-alabamas-december-unemployment-rate-is-2-8-2/#:~:text=MONTGOMERY%20%E2%80%93%20Governor%20Kay%20Ivey%20announced,December%202021's%20rate%20of%203.1%25.

enhancement position and the provider network manager position are vacant. In addition to finding qualified staff for these vacant positions, four additional ADMH-CWP support coordination supervisors are expected to be added in year two quarter two (Y2/Q2) in anticipation of CWP growth from the additional attrition slots. Of note, the ADMH/DDD Associate Commissioner that led the initial development of the CWP resigned, and new leadership was named during Y2/Q1. The new Associate Commissioner was already serving as a consultant to ADMH/DDD, and no interruptions in the advancement of the CWP are expected.

STC 41: Operational Updates

Operational Accomplishments

Below is a list of operational accomplishments ADMH/DDD achieved in Y2/Q1 of implementation of the CWP.

Outreach and Enrollment

There was a total of 22 new enrollments in the CWP during Y2/Q1, which is a decrease from Y1/Q4, which saw 42 enrollments. Total enrollments as of the end of Y2/Q1 were 195. To address challenges with meeting enrollment targets, in December 2022, the Regional ADMH/DDD CWP support coordination staff began identifying individuals from the waiting list in each CWP county that met an enrollment priority category and had accepted an allotted CWP waiver slot. The eligibility status of everyone with an allocated slot was reviewed, and the status was noted by the regional wait list coordinators and Regional Waiver coordinators in a shared database. The ADMH/DDD staff are processing enrollments of individuals on this list in three phases until all are enrolled. The phases include:

- Phase I: Complete – eligibility is updated, and the person is considered "Ready for Enrollment."
- Phase II: Needs ICAP - CWP staff work with participant/family to update the ICAP.
- Phase III: Other - status shows additional eligibility information is needed or updates are necessary. CWP staff work with participant/family to obtain the necessary information and/or updates for enrollment.

Along with prioritizing the enrollment of those meeting a priority category and previously indicating a desire to enroll, support coordinators also review other people on the waiting list and conduct additional outreach. People are contacted in order by length of time on the waiting list, beginning with those who have waited the longest. This outreach review helps identify additional people who wish to enroll in the CWP. As of the start of year two, there were only 57 available non-reserve CWP slots that did not have a person identified for them.

Enrollee Success Stories

The CWP continues to positively impact the lives of many people in the state of Alabama. Included below are some of the success stories during quarter one of the second demonstration year.

JB

Vicki, the adoptive mother of two wonderful adult children, chose to share the story of her son JB who has found success through the CWP, along with other collaborating partners. JB and his sister were both adopted through the Alabama Foster Care program. JB was 3 years old when he first came to his new home. Early on, his mother was told that JB would never survive in the real world and would have to be institutionalized. Mom was determined to advocate for JB to ensure he had a typical life and family. There were many times over the years when mom would doubt her ability to help JB achieve his best life. According to his mother, it was not easy, and most of the time, prayer was the only thing that got them through challenges.

JB graduated high school in 2016 and found a summer job bagging groceries at a local grocery store. However, resources to support JB diminished after he graduated high school, and the family was unable to locate needed resources. Mom did not give up. She continued her search and found information on what she saw as a "new program" coming to Alabama, the CWP. Mom reached out to the ADMH/DDD Call Center to inquire about potential services for JB, and she

was able to complete the initial intake process. She was then referred to her local 310 Support Coordination agency, and they assisted her with completion of the eligibility process for JB to enroll into the CWP.

Mom describes the program as a “Godsend for the family.” She is seeing improvement in JB daily and feels his goal of a "real life" is starting to become a full reality. Currently, he receives Personal Assistance Services from Brayden, his Direct Service Professional (DSP) who comes to visit 4 days a week. This service, along with Community Integration Connections and Skills Training, has enabled JB to increase his involvement in activities of his choosing such as shopping with his debit card and hanging out with friends. The services have increased his self-esteem and confidence as he is now able to better engage with others and have meaningful conversations. Since beginning the program, he has found a girlfriend, which he also identifies as a positive outcome of the supports he is receiving. JB has a history of verbal and physical aggression, which included daily arguments with his family members, sometimes resulting in hospitalizations. Prior to enrollment, JB lost his job, causing additional frustration. However, incidents of aggression have decreased because of his enrollment into the CWP. JB continues to become more independent because of Independent Living Skills training, which has resulted in improved skills in grooming, taking on chores around his house, learning to be safe when out in his community, and keeping scheduled appointments.

Another significant achievement for JB is that he recently obtained a job at the Lowes in his hometown. He received job development and placement services from Alabama Vocational Rehabilitation (VR). He currently receives job coaching services funded by VR but is expected to require ongoing job supports through the CWP once his case is closed by VR. He loves his job and cannot wait to go to work each day. This job has enabled him to develop responsibility, learn self-respect, as well as respect for others, and to gain new friends.

Mom knows that the success story for JB has just begun. With the ongoing services and supports available through the CWP, she and JB feel the future is unlimited.

HL

In 2008, HL was participating in a postsecondary transition program at a state university. The program follows the transition curriculum entitled “Life Center Career Education” involving daily living skills, personal social skills, and occupational guidance and preparation. Once HL aged out of school, her parents contacted the local 310 Support Coordination agency to inquire about possible waiver services. After completing an application for services in 2008, HL was placed on the statewide waiting list. Over the years, she and her family continued to periodically check in and discuss her status on the waiting list only to be told that due to her low criticality score, she was not eligible for enrollment. This continued for almost 15 years. However, once the CWP was launched, HL was enrolled in December 2022 as the result of her strong desire for services to get and keep competitive integrated employment and preserve her family living arrangement. After enrolling, HL chose to self-direct her services and is most excited about the Breaks and Opportunities Service, which allows her to be more independent and less reliant on her parents while her parents also get time to themselves to recharge. In addition, she is receiving Work Incentive Benefits Counseling Services to help her maximize her employment earnings while ensuring she remains qualified for needed services.

HL always had a strong work ethic and excellent connections with friends from her church. As a result, she was able to obtain a job in 2016 with a local salon, HAIR, INC. She works 20 hours a week and earns $7.50 per hour. Her primary duties are assisting the patrons to feel at ease with new hair styles, wash and fold towels, clean the cutting stations, and sanitize the stations. The owner states that when HL is not at work, the salon does not run with the same efficiency. In addition to working, HL assists with children’s choir at her church. With the unique CWP employment services available, she can consider career advancement and/or additional job opportunities. HL is also working towards moving into her own home and considering a long-term future with her boyfriend Cody.

HL and her family are excited about the new life adventures she will be able to experience since being enrolled in the CWP and learning how to self-direct her services. They feel her story has just begun and there is nothing she cannot accomplish.

MH

MH is a young woman who completed high school and was referred to a full service vocational and educational rehabilitation program serving adults who are deaf or blind and/or in need of additional accommodations. While there, she developed many skills that would help her gain employment and sustain independence in her community. Upon completion of the program, MH moved back home to live with her foster mother. She continued to express a desire to live on her own and be able to make her own decisions in life. Her mom was proactive in advocating for help for MH to achieve her goals. As a result of this advocacy, MH was able to enroll into CWP. At the time of enrollment, she had already obtained a job at a local Publix. She did not wish to be referred to VR. Instead, she requested Job Coaching Services through the CWP to enable her to maintain her job. She is also receiving Community Transportation Services, which help her get to and from work and other places in her community. In addition, she receives Independent Living Skills Training Services so she can learn skills to live on her own. Through the provision of these services, along with Housing Counseling Services and Housing Start Up Services, MH is now living in her own home. She achieved this goal in November 2022. To address initial safety concerns and provide extra supports, Assistive Technology and Remote Supports through the CWP were established. MH and her mother have voiced a great deal of gratitude for not only the CWP services, but for the increased independence the services have assisted MH to achieve.

JP (Group 5 enrollee into CWP)

JP is the first Group 5 enrollee in the CWP, taking advantage of an ability to qualify for waiver services that were not previously available due to not meeting functional eligibility requirements for the ID and LAH waivers. JP came to the CWP via referral from a hospital psychiatric stabilization unit due to ongoing struggles with anger. Her family took her to the local emergency room because they were not connected to the intellectual and developmental disability (IDD) system prior to this crisis and therefore, did not know what other options might be available. She was transferred from the emergency room to the psychiatric stabilization unit, but assessments concluded she did not need this intensive level of care. The unit recommended discharge plans that included either the local mental health center or the Salvation Army. JP was familiar with the mental health center and did not want to return there. She chose the Salvation Army and was therefore considered homeless. The local 310 agency was contacted, and a 310 intake coordinator went to the shelter and met with JP. Eligibility documents were updated, and the information was sent to the ADMH/DDD regional office for a decision on eligibility. It was determined JP met the criteria for the CWP-Group 5. Additionally, because she was homeless, JL was considered an emergency referral.[3] She was enrolled into the CWP on November 30, 2022. JL has worked closely with her support coordinator to obtain a Homeless Section 8 Voucher and is looking for available Section 8 housing, which is expected to be secured in early January 2023. She has also been referred to VR for assistance in finding competitive integrated employment and has already chosen her employment service provider. The CWP and Alabama Department of Rehabilitation Services (ADRS) services for JL are going well, and further updates will be reported in future reports.

Reduction in Emergency Referrals and Continued Success in Avoidance of Unnecessary Residential Placements

As awareness of the CWP grows among partner service agencies, requests for assistance from the CWP are coming from community hospitals and Department of Human Resources (DHR-Child and Family Services). However, in Y2/Q1, there was an overall 37.5% decline in these referrals as compared to Y1/ Q4. There were a total of 15 referrals classified as emergency by the referral source in Y2/Q1 as compared to 24 in the prior quarter. Out of the 15 classified emergencies, eight were hospital referrals, four were DHR referrals, and three were referred by a family/caregiver. Seven referrals were approved for Group 4 enrollment while eight individuals referred as emergencies were determined able to be safely and appropriately served in the enrollment group appropriate to their age, avoiding unnecessary residential placement.

[3] As noted in the year one annual report and elsewhere in this report, ADMH/DDD is initiating a major investment in the development of crisis prevention and response services to avoid future situations where families feel they must bring a struggling family member with IDD to an emergency room. The focus on prevention includes the CWP's program design, which prioritizes enrolling individuals before they experience a crisis. Additionally, the new initiative will pilot the offering of crisis prevention and intervention services that are dispatched to people and their families, offering in situ supports to effectively defuse a crisis and put in place a plan and ongoing supports to ensure a similar crisis does not occur again, preserving people's living arrangements, and preventing unnecessary emergency room admissions and in-patient hospitalizations.

Person-Centered Assessment and Planning

The Person-Centered Assessment and Planning training (PCAP) was designed and implemented in Y1/Q3 to provide support coordinators the tool they need to ensure person-centered planning practices throughout the state. This training has been very effective. Currently, all 18 CWP support coordinators have successfully completed the competency exam with a score of 80 or higher. Unfortunately, this number of support coordinators reflects a decrease from the previous quarter due to resignations of support coordinators that have moved into other ADMH/DDD positions or left the agency.

In addition to the training, support coordinator supervisors review each Person-Centered Plan (PCP), and random second reviews are conducted by the Director of Support Coordination. This oversight, along with quality training, has resulted in improved efficiency, and PCPs are getting approved within the 60-day time frame established in the waiver application, with minimal areas of correction needed. Fortunately, the Support Coordination Supervisor for Region V was filled during Y2/Q1. This position had been vacant for six months due to the lack of qualified applicants.

Increase in Services Authorized

At the end of Y2/Q1, the top ten most highly utilized services across all five regions, in order of utilization, were:

- Support Coordination
- Community Transportation
- Breaks and Opportunities
- Positive Behavior Support
- Independent Living Skills Training
- Personal Assistance – Home
- Personal Assistance – Community
- Assistive Technology and Adaptive Aids Devices
- Community integration Connections and Skills Training
- Supported Employment

Additionally, data analysis conducted during Y2/Q1 of the number of service authorizations, with providers secured, revealed an increase of 42% over the previous quarter (Y1/Q4). Of the 132 participants with approved person-centered plans, 122 (92.4%) have services authorized other than Support Coordination.

Policy and Administrative Difficulties in Operating the Demonstration

Support Coordination Capacity

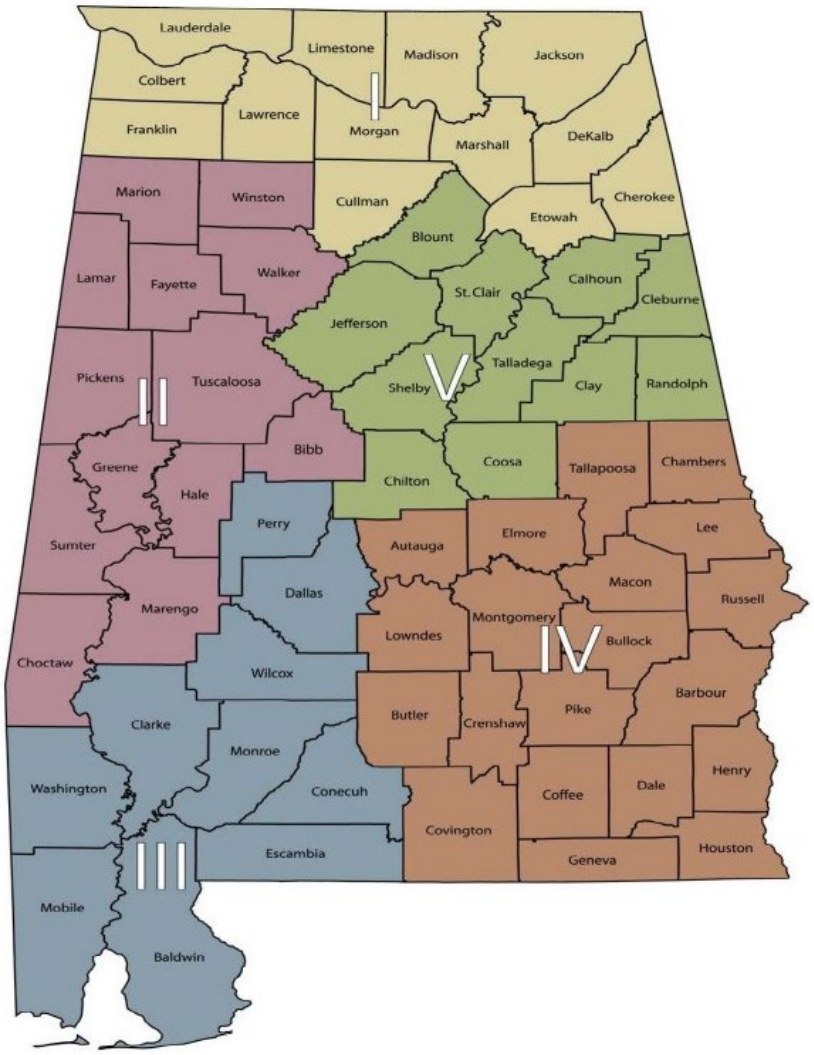
Staffing for FY23 continues to be one of the top priorities for CWP moving forward. Currently, the total number of ADMH/DDD CWP support coordinators across the four regions is 16, with four vacancies. The Region II-310 Support Coordination agencies have four staff with one full-time and one part-time vacancy. The data below reflects the staffing changes for Y2/Q1.

Region	Resignations	New Hires	Remaining Vacancies
1	1	0	2
2	1	2	2 (1 FT 1 PT)
3	0	0	0
4	0	0	1
5	0	1	1

- **Region I:** Currently, staffing consists of one support coordinator supervisor, two support coordinators, and two vacant positions. There was one resignation during the quarter, resulting in two vacancies in the region. One position was offered to an applicant, but the person declined the position.
- **Region II**: Currently, staffing continues to consist of one support coordinator supervisor and one support coordinator in each of the two (2) counties in Region II. There is one full-time vacancy and one part-time vacancy

in Tuscaloosa and no vacancies in Walker County. The CWP support coordinators in both Tuscaloosa County and Walker County are 310 Board agencies.

- **Region III:** Currently, the region is fully staffed with one support coordinator supervisor and three support coordinators, with no support coordinator vacancies to be filled.
- **Region IV:** Currently, staffing consists of one support coordinator supervisor and one support coordinator, with one support coordinator vacancy to be filled. The supervisor for the region has completed interviews, but no applicants have been selected.
- **Region V:** Currently, staffing consists of one support coordinator supervisor, five support coordinators and one vacancy. The support coordinator supervisor vacancy was filled during the quarter.



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

ADMH/DDD continues to experience staff turnover across many CWP position types, like the experiences of other employers in Alabama and nationally during this time. For this reporting period, a total of four resignations were received. Two were support coordination positions, one was a quality enhancement position, and one was the Provider Network Manager position.

Unfortunately, the turnover among support coordinators and quality enhancement staff is ongoing and prevented the achievement of 100% staffing since the CWP launch. During the next quarter (Y2/Q2), CWP leadership will focus on the recruitment of a Provider Network Manager and Quality Enhancement/Credentialing staff position, while continuing to fill support coordination vacancies.

The steps being taken to address the ongoing challenges with attracting qualified staff are as follows:

1. CWP Director will meet with the department's Human Resources (HR) office in January 2023 to begin development of a dedicated "support coordination classification." Currently, support coordinators are hired utilizing existing ADMH personnel classifications. These classifications were not established for personnel who provide direct services to individuals, but rather, administrative duties. As a result, the education and experience requirements limit the number of applicants that are eligible to apply.
2. ADMH/DDD will continue to be more flexible with work base locations. Historically, higher classifications required staff to be physically located in the central office in Montgomery. However, when possible, these positions now offer flexibility for qualified applicants who may not be able to move to Montgomery but can work from one of the five ADMH/DDD Regional Offices.

Enrollment Challenges

CWP enrollments continued to lag, resulting in not meeting projected target numbers. Many of the delays continue to center around outdated and/or missing eligibility documentation. Many of those interested in enrolling in the CWP required updated Inventory for Client and Agency Planning (ICAP), and others needed a Medicaid eligibility determination. Many of the 310 Support Coordination agencies within the 11 CWP counties are struggling to recruit and employ staff, resulting in their inability to fulfill their role in updating eligibility documents in a timely manner. To address this challenge, ADMH/DDD approved additional funding for 310s to complete initial intakes as well as update needed eligibility documentation, i.e., ICAPs and other updated documents. The 310 agencies are required to submit an invoice for everyone assisted with intake and eligibility updates. Thus far, five of the 310 agencies have submitted intake and eligibility invoices, but no substantial improvement in 310 assistance was noted. This will continue to be assessed in Y2/Q2.

As a result of the struggles of the 310 agencies, the ADMH/DDD Director of Community Services, along with the waiting list coordinators, waiver coordinators, and CWP support coordinators, all worked together in Y2/Q1 to plan steps to expedite the eligibility process and increase enrollments. These steps, as described above on page five, are expected to result in increased enrollments in Y2/Q2. Further, it is anticipated that the regional ADMH/DDD CWP support coordination staff will provide more hands-on oversight of the eligibility process going forward to eliminate the delays that have occurred previously due to outdated eligibility documents.

Provider Claims Approvals and Timely Provider Payments for Services Rendered

Challenges continued to persist throughout the quarter related to denial of claims from CWP provider agencies due to Third Party Liability (TPL) edits in AMA's claims billing system. Medicaid is the payer of last resort; therefore, it is a requirement that private or primary insurance is billed prior to billing Medicaid. During the quarter, ADMH/DDD expressed concerns to Medicaid about service codes rejecting for TPL edits. In an effort to identify TPL claims affected by these edits and apply the best approach in determining a resolution and to ensure providers receive timely payments for rendered services, AMA provided instructions describing the process to exempt TPL edits that would allow providers to bill those services affected by the edits. Additionally, AMA provides ADMH/DDD paid claims data monthly to assist in identifying those unpaid claims and resolve any billing issues providers continue to experience until issues with ADMH's payment system are resolved. ADMH/DDD will continue to work with AMA to review and resolve claims rejecting for TPL edits. Some providers have faced considerable challenges, contributing to their reluctance to accept additional CWP referrals for services. To address this issue, the ADMH/DDD fiscal office provided advance payments for services rendered to ensure providers do not suffer undue financial hardships. In Y2/Q1, one provider requested an advance payment.

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

HCBS Compliance Work

ADMH/DDD Community Services staff continue to focus on compliance with the Home and Community Based Settings (HCBS) Rule that was extended until March 17, 2023. With resources stretched to complete this work, CWP staff are working diligently to increase the capacity of the CWP while assisting with work for the ID and LAH waivers to ensure standards are met by this deadline.

In addition to the impact of the regional office staff focus on HCBS compliance, some CWP provider agencies, who also provide ID and LAH services, stated they may slow their response to RFPs in Y2/Q2 to provide CWP services while they focus on their own HCBS compliance.

As noted in previous reports, as well as this report, provider agencies continue to address staffing shortages and work closely with ADMH/DDD to address current efforts to recruit and retain staff. Increased rates are expected in Y2 because of the recent rate study. These increased rates will specifically support increased hourly wages for DSPs.

Alabama Department of Human Resources (DHR)

To meet the need of children in crisis across the state, the ADMH/DDD Associate Commissioner and Commissioner of DHR established a "*Memorandum of Understanding" (MOU)* for individuals in need of crisis referral services statewide effective December 2022. The agreement covered certain children in the custody and care of DHR who are eligible for and need the services provided under the ID and/or CWP waivers. As of a result of the increased need of crisis referral services, the Associate Commissioner developed an ADMH team to focus on DHR referrals across the state. The team consists of the ADMH statewide placement coordinator, CWP director of support coordination/statewide placement, and DHR County and State level leadership. The goal is to secure an appropriate placement for everyone in need of these services in the least restrictive setting.

Key Achievements and Conditions or Efforts Attributed to Success

Support Coordination Survey

As a required evaluation component of the CWP, the contracted evaluator, Health Management Associates (HMA), developed and released its first satisfaction survey for support coordination services for waiver participants and family members on December 14, 2022. The survey measures satisfaction with support coordination, the person who leads the person-centered planning process, and ensures participants have access to needed Medicaid services and connections to other community resources and services. To ensure surveys reached participants and families, ADMH staff worked closely with HMA to provide current mailing and email addresses. Further, HMA listed the CWP quality enhancement staff on the survey/letter to field any questions from participants and families regarding the survey. The survey was still open at the end of Y1/Q1. Results are expected to be reported in the next quarterly report.

Ensuring Fully Trained Direct Support Professional Workforce for the CWP

During this reporting period, CWP leadership met with both the Columbus Group and the QuILTSS Institute (TQI) to review scheduled trainings and discuss the current contracts with both organizations. The Columbus Group held multiple trainings during the quarter, including Housing Counseling, Family Empowerment, and Independent Living Skills. Their contract is set to expire on September 30th, 2023, but they have expressed interest in continuing to plan and provide any needed trainings not available on the TQI platform. Currently, the Columbus Group is working with the National Disability Institute (NDI) to develop an online financial literacy refresher course, which is expected to be available by the end of quarter two. Housing Counseling is also in development with NDI for an online training refresher.

The TQI provides Alabama Employment and Community First (AL ECF) training to DSPs in the network of providers for CWP services. During the quarter, ADMH/DDD continued to receive requests for CWP-DSP staff to participate in the trainings. Unfortunately, TQI reported issues with provider agency success coaches not participating or grading their staff's assignments, which prevented DSPs from making progress in completing the course. TQI does not help with ensuring DSPs complete the training for provider agencies that elect to employ their own success coaches. Instead, TQI only provides this assistance for those agencies where TQI provides the Success Coaching. Because the CWP Director is aware of this issue, DSP progress in provider agencies using their own success coaches will be closely monitored in year two. If this issue continues, ADMH/DDD will no longer allow provider agencies to do Success Coaching and will turn this responsibility over to TQI, who has confirmed they have the capacity to meet this need.

When the CWP Provider Network Manager resigned during the quarter, other CWP staff were assigned with the responsibility to help manage and monitor the network. Both TQI and Columbus assisted by providing an updated list of individuals that had completed the required trainings they offer and both contractors worked during the quarter to

develop a system that would generate accurate and complete lists upon request by ADMH/DDD. Further, CWP staff have interacted directly with provider agencies to obtain updated staffing lists to cross reference those still employed for CWP and their status regarding completing required trainings. Once the new Provider Network Manager is hired, this employee will be expected to develop a more sufficient system to monitor provider staff and their participation in, and completion of, the required trainings.

Since mid-2022, there have been ongoing conversations between CWP leadership staff, the Columbus Group, and TQI to discuss the transition of some "live" Columbus trainings to the TQI virtual competency-based learning platform. This would create a virtual on-demand option so provider DSPs could access and complete required trainings based on their work schedules and availability for training. Courses that could potentially move to the TQI platform include Community Integration, Infection Control, Family Empowerment, Independent Living Skills, and Housing Counseling. TQI stated they have developed Community Integration and Infection Control, which are ready for rollout in quarter two. In relation to the other courses, there continues to be some concerns expressed by the two contractors regarding proprietary ownership of training curriculums. This concern will be addressed.

In closing, the following number of CWP provider staff either enrolled in or completed required trainings during this quarter. For TQI, there were 31 staff enrolled in training during the quarter. The Columbus Group had 14 staff enrolled in Independent Living Skills training which began 12/13/2022 and is set to complete on 1/12/2023; three staff completed the Housing Counseling "live" training; and two staff completed Family Empowerment "live" training during the quarter.

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

During this report period, the quality enhancement and credentialing (QE) staff finalized a plan for initiating oversight of the CWP. Initial meetings were scheduled with providers in three of the five ADMH/DDD regions. These initial meetings introduced the QE teams to the provider agencies and explained the CWP credentialing process. In addition, the agencies identified potential barriers as well as any other issues they were experiencing. Further discussions addressed future meetings that would be held with agency staff and waiver participants to gather the information needed for credentialing. Agencies were given access to a private Microsoft Teams channel so they could review information that was collected utilizing the approved CQL Credentialing workbooks. These visit workbooks have information from the targeted conversations with individuals receiving CWP services and staff employed by the agency. Throughout Q1, multiple targeted conversation and focused group meetings/interviews were conducted. The agencies involved in the process during Q1 were the Arc of Madison County (Region I), Volunteers of America Southeast (Region III), and Rainbow 66 Storehouse (Region IV).

Depending on the time the provider started serving CWP clients, the credentialing timeframe may differ. After October's meeting and interviews, November's meetings/interviews were scheduled. During this month of the credentialing process, evidence gathered from the prior month's meetings/interviews (if there were any) were documented in the Staffing Visit Workbook. QE staff asked providers to make sure they upload evidence that pertains to the CWP active services provided by their agency for the workbook that corresponds with the current credentialing month. Workbooks change from month-to-month and require different indicator documentation to be provided. The providers were asked to ensure they upload evidence in the appropriate folder in their private Microsoft Teams channel before the next credentialing meeting. Most of the agency's information was uploaded before the in person or virtual meeting review. Credentialing staff reviewed all documentation uploaded by the provider and made comments and notes in the workbooks for upcoming meetings. During the credentialing meetings, current evidence gathered was discussed and reviewed. *Plans of Alignment* were created for the information that was not provided. *Plans of Excellence* were also created in collaboration with the provider to increase the quality of the services provided.

Additionally, during the quarter, bi-weekly meetings with CQL were conducted to review and discuss the credentialing process, including any barriers or successes. QE staff assisted with HMA's Support Coordination - Client Satisfaction Survey by providing feedback for any questions or concerns from the participants. The QE staff participated in weekly check-in meetings to review any updates with the CWP and discuss ongoing credentialing.

Finally, after AMA's review and acceptance, the CWP Participant Satisfaction Survey was finalized and signed by ADMH's Associate Commissioner towards the end of the quarter. As a result, only one participant survey was completed. Going forward, the survey will be provided to individuals participating in the credentialing targeted conversations. QE staff are working on a spreadsheet for tracking survey results and analyzing the data as it is received. Once a tracking procedure has been completed, an update will be provided.

Collaboration with Alabama Department of Vocational Rehabilitation (ADRS)

The partnership between ADRS and ADMH remains positive. There were no significant challenges or issues addressed during the reporting period. The CWP Director met with the ADRS State Office Administrator of Supported Employment to discuss any areas of concern, as well as the need for additional CWP training for VR staff. As a result, a CWP training will be provided to VR counselors in Montgomery and Elmore Counties (Region IV) next quarter. The VR office that serves individuals in Montgomery and Elmore counties has a large number of new counselors as well as a new supervisor. As a result, they have asked for more information on the CWP and a desire to develop a process for receiving referrals as well as eligibility information. Further, this meeting was utilized to finalize additional collaborative trainings expected in 2023. The certificate-based supported employment training provided by consultants from Virginia Commonwealth University (VCU) is scheduled for March 15-17, and a second session is planned for September 2023.

Referrals to VR have been less than expected. Unfortunately, there was no tracking system in place to monitor the referrals or the outcome of the referrals. A tracking sheet was developed that will be initiated in Y2/Q2. The tracking sheet will be completed by the support coordination supervisor and list each participant referred to VR, the referral date, the date of the first VR appointment, the name of the individual that accompanied the participant to the appointment, and the outcome of the referral. The CWP Director of Support Coordination continues to address the need for more conversations regarding employment and the utilization of the Supported Employment Exploration Service so individuals enrolled into the CWP can make an informed choice regarding their desire for competitive integrated employment, which should also result in a larger number of referrals made to VR. A total of 10 individuals were referred to VR during Y2/Q1.

First CWP Group 5 Enrollee

The CWP enrolled the first individual into Group 5 during this quarter. This participant's story is captured in the success story section of this report. Because of the availability of this eligibility option, she would have potentially experienced homelessness, which would have presented her with significant health and safety challenges. Eligibility for Group 5 enrollment is being assessed to determine if adjustments need to be made so that more individuals can be served in this group. If changes are necessary, these will be included in a waiver amendment that is expected in year two.

Information Technology System

Therap Incident Prevention and Management System (IPMS)

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

As of the end of Y2/Q1, there are still no reported critical incidents for the CWP. The ADMH/DDD Quality Assurance staff will analyze the data during Y2/Q2 to determine if there is a data entry issue or identify any potential concerns with underreporting.

Administrative Code

There have been no updates to the Administrative Code since the May 15, 2022, revision. Administrative Code updates are expected to be needed after the CWP waiver amendment is submitted to and approved by CMS. This amendment is expected to include changes in diagnostic and functional eligibility criteria for all enrollment groups in the CWP.

Identified Beneficiary Issues and Complaints

There were no formal beneficiary issues or complaints filed during Y2/Q1.

Lawsuits and or Legal Actions

There were no lawsuits or legal actions related to the CWP for Y2/Q1.

Legislative Updates

There were no legislative updates for Y2/Q1.

Unusual and Unanticipated Trends

There were no unusual or unanticipated trends for Y2/Q1.

Progress Summary of All Public Comments Received Through Post-Award Forums Regarding the Demonstration

There were no forums or related public comments for Y2/Q1.

STC 41: Performance Metrics

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

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

Additional metrics will be added to future monitoring reports, including metrics evaluating quality of care and cost of care, once sufficient enrollments are achieved to effectively implement these metrics. Below are the initial performance metrics the State established and where available, data is presented for Q1 Demonstration Year Two.

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 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.

	Total Targeted Enrollments Statewide	% of Total Targeted Enrollments for Year 2
Year 2 Quarter 1	81	25%
Year 2 Quarter 2	82	25%
Year 2 Quarter 3	81	25%
Year 2 Quarter 4	83	25%

Data for the Reporting Period:

Total Enrollments for the Reporting period	Total Targeted Enrollments	Performance
22	**81**	**27%**

Data Discussion:
Actual enrollments into the CWP did not meet the anticipated pace for targeted number of enrollments of 81 for Y2/Q1 due to continued challenges with missing and out-of-date eligibility information. There was a 48% decrease in enrollment as compared to Y1/Q4, and a plan is in place to address the issue as described above on page five. Enrollments should improve during the remainder of the demonstration year.

The enrollments for Y2/Q1 by region, county and enrollment group are as follows:

Enroll Month	Region	County	Grp1	Grp2	Grp3	Grp4	Grp5
OCT	**Reg2**	Walker			1		
		Reg2 Total			**1**		
	Reg3	Mobile		1			
		Reg3 Total		**1**			
	Reg4	Montgomery		1			
		Reg4 Total		**1**			
	Reg5	Jefferson				1	
		Reg5 Total				**1**	
OCT Total				**2**	**1**	**1**	
NOV	**Reg1**	Madison		1	2		
		Reg1 Total		**1**	**2**		
	Reg2	Tuscaloosa					1
		Walker			2		
		Reg2 Total			**2**		**1**
	Reg3	Baldwin			3		
		Reg3 Total			**3**		
	Reg5	Jefferson			4		
		Reg5 Total			**4**		
NOV Total				**1**	**11**		**1**
DEC	**Reg1**	Limestone		1			
		Madison	1		1		
		Reg1 Total	**1**	**1**	**1**		
	Reg2	Tuscaloosa			1		
		Reg2 Total			**1**		
	Reg3	Mobile	1				
		Reg3 Total	**1**				

DEC Total	**2**	**1**	**2**		
Grand Total	**2**	**4**	**14**	**1**	**1**

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/DDD is using this demographics screen data in ADIDIS for this metric, which tracks each CWP enrollee's Enrollment Priority Category selected from the following options:

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

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

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.

Data for the Reporting Period:

Total CWP enrollments, ages 14-64, with enrollment priority for obtaining or maintaining competitive integrated employment	Total CWP enrollments, ages 14-64, for the reporting period	Performance
13	**20**	**65%**

Discussion:
During the quarter, two of the 22 enrollees were outside of the 14-64 age range. Of the 20 in the 14-64 age range, 13 enrollees, or 65%, expressed interest in obtaining and maintaining competitive integrated employment. Two of the enrollees in the data set did not identify a priority group due to being emergency enrollments.

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

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

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

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

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

Data for the Reporting Period:

Total CWP participants as of the last day of the reporting period that are living with family or other natural supports or living in an independent living arrangement	Total CWP participants as of the last day of the reporting period	Performance
176	**195**	**90%**

Data Discussion:
Overall, since the program opened, 90% of CWP enrollees are being supported to sustain family/natural living arrangements or live independently. This compares favorably to historical outcomes in the legacy waivers, which show that through 2019, less than half of people with IDD served by these waiver programs were living in their family home with virtually none living in their own home.[4] (

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

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

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

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

Data Collection Methodologies: Regional office fiscal managers enter service authorizations into ADIDIS from 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 constitutes the denominator.

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

Data for the Reporting Period:

[4] The Residential Information Systems Project (RISP) https://publications.ici.umn.edu/risp/state-profiles/alabama

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
25	**86**	**29%**

Data Discussion:
During this quarter, the impact resulting from the range of services that can be self-directed, combined with provider agencies facing a shortage of available direct support workers, continued to increase participation in self-direction. Nearly one in three CWP participants was using self-direction, as of the end of Y2/Q1. CWP support coordinators continue to receive training on self-direction and will receive training in Y2/Q2 specific to assisting CWP participants to find self-direction workers when they do not have workers readily identified. This is anticipated to further increase the use of self-direction in the CWP. ADMH/DDD also engages in continued contract oversight with the Financial Management Services in Participant Direction (FMSA) to ensure their immediate readiness to serve CWP participants choosing to self-direct.

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

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

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

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

Data for the Reporting Period:

Total CWP enrollees during the reporting period who qualified for and/or first received Medicaid coverage because of CWP enrollment	Total CWP enrollments during the reporting period	Performance
2	**22**	**9%**

Data Discussion:
During Y2/Q1, two individuals were assisted with updated eligibility to receive Medicaid coverage to enroll in the CWP. This represents 9% of the total enrollees for the reporting period. Thus far, 4% of all enrollees have required eligibility assistance to receive Medicaid coverage, bringing the total needing assistance from the inception of the CWP to eight. An

updated spreadsheet was created to better track the number of participants on the ADMH/DDD waiting list that require assistance with the 204/205 - Medicaid Application/Redetermination for Elderly and Disabled Programs. This spreadsheet will be updated in real-time by CWP support coordination staff.

C. Data demonstrating quality of care

Program Goal #C1: Ensure high CWP participant satisfaction

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

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

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

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

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

Data for the Reporting Period:

Total CWP participants surveyed during quality monitoring activities conducted during the reporting period whose measured satisfaction with the CWP is at least 85%	Total CWP participants surveyed during quality monitoring activities conducted during the reporting period	Performance
1	**1**	**100%**

Data Discussion:
The CWP Participant Satisfaction Survey (see Appendix B) was finalized and implemented in the last month of Y2/Q1 as part of the provider re-credentialing process. As noted in an earlier section of this report, this re-credentialing process commences within 6 months after a provider begins to deliver services to at least one individual referred through the CWP. Only one survey was completed during this quarter. ADMH/DDD anticipates being able to report a larger data set on this metric in the subsequent Y2 monitoring reports.

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/DDD Office of Appeals and Constituency Affairs' grievance and appeals database, which will be used to pull the number of newly filed grievances and appeals during the reporting period.

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

Data for the Reporting Period:

Total CWP participants filing a grievance and/or appeal during the reporting period	Total CWP participants as of the last day of the reporting period	Performance
0	**195**	**0%**

Data Discussion:
In Y2/Q1 there were no grievances or appeals filed with the ADMH/DDD Office of Appeals and Constituency Affairs.

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

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

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

Numerator: Total CWP participants as of the last day of the reporting period with approved 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, physical 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 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. The two authorizations below will be identified. Once this is determined, these two authorizations will be removed from the overall count to determine the numerator.

- Community-Based Residential Services
- Adult Family Home

Data for the Reporting Period:

Total CWP participants as of the last day of the reporting period with approved Person-Centered Plans 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 approved Person-Centered Plans	Performance
123	**132**	**93%**

Data Discussion:
Of the 132 participants with approved PCPs, only nine individuals are receiving services in settings that are provider owned and/or controlled. This represents 93% of current participants living with family or other natural supports or living independently who have approved Person-Centered Plans.

STC 41: Budget Neutrality and Financial Reporting Requirements

As of the end of the first quarter (Q1) of fiscal year 2023, there is one Group 5 individual placed. The Y2/Q1 CWP-1115 Budget Neutrality Workbook has been sent to the AMA.

STC 48: Evaluation Activities and Interim Findings

STC 48 requires the State to submit to CMS a draft evaluation design, due no later than one hundred eighty (180) days after CMS's October 21, 2021, approval of the demonstration. Health Management Associates (HMA), the State's independent evaluator, completed the draft evaluation design, which was submitted to CMS on April 19, 2022. During Y1/Q3, CMS reviewed the design and provided recommendations for the State to consider. The Evaluation Design was approved by CMS on December 6, 2022. During this quarter, HMA worked on the annual report for the first demonstration year, including conducting data queries for each of the approved indicators, determining which data was adequate and reliable for initial reporting and providing some limited data for the first annual report. HMA and the State collaborated to further refine data queries to improve reliability and validity across systems. HMA distributed the Supports Coordination satisfaction survey to participants and families and anticipates reporting on the results during the second quarter of this demonstration year, along with the results from the provider accreditation survey. Additionally, HMA is working with the State to increase provider participation in surveys and self-reported data collection.

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 demand for the service among CWP participants
3. The need for additional provider capacity based on anticipated demand for the service among the anticipated new enrollments into the CWP.

This allows the State to manage provider network capacity in a way that reflects CWP enrollees' desires for services, as determined through a conflict-free person-centered assessment and planning process. As compared to a network management strategy requiring the State to contract with any willing provider for specific CWP services and regions, regardless of whether additional provider capacity is needed, the approach used in the CWP prevents unbalanced provider capacity from developing that leads to excess capacity in certain services, thus influencing the identification of services in participants' person-centered planning process. Instead of being based on defined outcomes and assessment of related needs, identification of services can instead be driven too much by the services willing providers desire and do not desire to offer. The CWP's ability to limit, while maintaining the adequacy of, the provider network seeks to address this issue and avoid over-utilization of certain services based on provider preference to provide, rather than a conflict-free person-

centered assessment and planning process. Secondly, when a state must contract with any willing provider, the number of providers enrolled for a 1915(c) waiver can become too high for the state to adequately and effectively oversee, forcing too many resources of the state oversight agency to go to basic enrollment and compliance monitoring rather than true quality assurance and improvement work. For example, most of ADMH/DDD staff's time for managing the legacy waiver provider network has gone to addressing compliance issues with poor performing providers, leaving little to no time to work with better performing providers on quality improvement and innovation. Over time, this has created a natural tendency for ADMH/DDD to establish more rules and restrictions on flexibility in response to the focus on poor performing providers. Thirdly, when there are more providers than are needed to meet participant demand, all participating providers receive fewer referrals than needed to operate effectively and efficiently, particularly when a waiver program is smaller in size. This can compromise the success of all providers. Lastly, increasing the number of provider agencies in a waiver provider network does not automatically translate into more DSP availability, which is the real key to increasing the availability of services. Instead, it can mean, particularly in the current workforce crisis, that more provider agencies subsequently compete for the same limited pool of workers, again compromising the sustainability of all provider agencies as an unintended result.

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

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

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

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

Strategic steps identified at the end of demonstration year one are being taken in year two to ensure ADMH/DDD can secure the necessary providers for all services in the CWP, as well as an appropriate number of providers in each of the eleven (11) counties based on current and anticipated enrollments. Updates on the strategic steps are included at the end of this section. ADMH/DDD is committed to maintaining an appropriate number of providers available for each type of service offered in the CWP based on the geographic area and number of current and anticipated enrollments in each area. ADMH/DDD developed methods for monitoring provider capacity as discussed below and required under the CWP Waiver approval.

Preferred Provider Qualifications for Current CWP Providers

The minimum PPQ score for a provider to be admitted to the CWP network, if selected through the RFP process, is twelve (12). However, ADMH/DDD has been able to recruit and establish a provider network for the CWP that collectively achieved an average PPQ Score of twenty-four (24), with a range of scores from twelve (12) to forty-two (42). The re-

credentialing process has an integral focus on assisting existing providers to increase their PPQ scores over time. *See Appendix A for Indicators on Preferred Provider Selection.*

Monitoring Provider Capacity

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

1. A standardized tool for CWP providers to report service initiation and projected future capacity to accept new referrals was developed and implemented during year one of the demonstration. The complete methodology was applied in this quarter and is reported below.

2. In demonstration year one, 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 allowed for reporting of complete data required for the monitoring of provider capacity as defined in STC 30. Data is reported for Y2/Q1 below.

The State is reporting its monitoring process and outcomes in this quarterly monitoring report per requirements of the approved CWP Waiver. The data utilized includes information for the first full three months of year two.

Method Step #1:

By service and by region, the State will report any changes to the number of contracted providers.
At the end of Y2/Q1, there were 44 providers collectively providing 33 CWP services across the five regions.

Method Step #2:

By region, the State will assess existing providers prospective capacity to accept additional referrals for each service.
Existing CWP providers' reports on prospective capacity for Y2/Q1 are summarized in the chart below. The numbers provided include information collected from providers in December 2022 to identify their prospective capacity in January 2023.

CWP Service Type	Providers' Reported Capacity to Accept New Referrals in Quarter 2 Month #1 of Demonstration Year 2 (January 2023)				
	REGION I TOTAL	REGION II TOTAL	REGION III TOTAL	REGION IV TOTAL	REGION V TOTAL
Adult Family Home	0	0	0	0	0
Assistive Technology and Adaptive Aids	30	20	20	30	10
Breaks and Opportunities (Respite)	12	5	19	24	6
Community Integration Connection and Skills	4	7	20	23	52
Community Transportation	4	8	6	12	34
Community-Based Residential Services	0	1	0	0	2
Employment Supports - Co-Worker Supports	6	13	0	0	24
Supported Employment - Individual: Career Advancement	0	7	4	2	30
Supported Employment - Individual: Support Discovery	0	7	4	6	30
Supported Employment - Individual: Exploration	6	17	0	7	30

Supported Employment - Individual: Job Coaching		3	8	4	5	30
Supported Employment - Individual: Job Development Plan		6	11	4	6	30
Supported Employment - Individual: Job Development		6	14	4	8	30
Supported Employment - Integrated Employment Path		3	14	0	5	30
Supported Employment Small Group		6	1	0	0	29
Family Empowerment and System Navigation Counseling		0	10	10	0	33
Financial Literacy and Work Incentives Benefits Counseling		17	14	14	20	30
Housing Counseling Services		1	17	2	2	27
Housing Start-Up Assistance		1	17	2	2	27
Independent Living Skills Training		4	16	4	16	35
Minor Home Modifications		0	10	0	0	5
Natural Support of Caregiver Education and Training		20	20	20	20	20
Occupational Therapy		0	0	0	0	4
Peer Specialist Supports		0	0	0	0	20
Personal Assistance Community		16	14	19	29	36
Personal Assistance Home		16	14	19	29	36
Physical Therapy		0	0	0	0	0
Positive Behavioral Supports		1	1	2	2	30
Remote Supports Backup Contractor		0	0	0	0	0
Remote Supports Contractor		30	20	20	30	10
Skilled Nursing		12	4	4	6	22
Speech and Language Therapy		0	0	0	0	4
Supported Living Services		0	0	0	0	20

Method Step #3

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

During Y2/Q1, the COVID-19 public health emergency continued nationwide. 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 Y2/Q1 is not being reported due to unanticipated impacts on the validity and reliability of the data, due to continued issues with ADIDIS functionality and support coordinator data entry tracking referral and referral acceptance dates. However, the data set submitted by providers could be used to confirm that referrals for services were made for a total of 41 distinct CWP enrollees during this quarter and service authorizations increased by 42% over Y1/Q4. ADMH/DDD continues to address issues with data entry by support coordinators and ADIDIS functionality challenges related to obtaining accurate and complete tracking of referrals made and referrals accepted. Because ADIDIS is being replaced within one to two years, and functionality continues to be limited, ADMH/DDD will implement an alternative data tracking system that support coordinators will use until the ADIDIS replacement with the required functionality is in place. ADMH/DDD will also provide training to support coordinators during Y2/Q2 on the new data tracking system and do data integrity reviews monthly to ensure data is being consistently and accurately entered into the data tracker.

Method Step #4:

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

During Y2/Q1, the COVID-19 public health emergency continued nationwide. According to the terms and conditions of the CWP, the State is required to seek additional providers when, by service and region, the average service initiation delay exceeds 60 days.

Based on all service initiations tracked and reported in Y2/Q1, the average length of time from referral acceptance to service start was 77 days with the range from one to 168 days. Service initiation delays were particularly notable in Regions 1 and 4 this quarter. In year one of the demonstration, the average service initiation delay was 49 days with the range from one to 158 days. The spike in time from referral acceptance to service start this quarter may be since the data source for referral acceptance was changed. Providers are now being asked to report the "Referral Date," rather than pulling the referral acceptance date from the Support Coordination record. In analyzing this spike in days, it was discovered that requiring providers to report "Referral Date" without instructions may be resulting in providers reporting the date they received the referral as opposed to the date they accepted it. This would inadvertently lengthen the number of days reported for this metric. In Y2/Q2, the provider data collection tool and instructions will be modified to address this, providers will receive training on this change, and in future reports, the referral acceptance date will be cross-checked with the referral acceptance date documented by the support coordinator to ensure accuracy.

Method Step #5:

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

Problems with Method Steps #3 and #4, as explained above, impacted the State's ability to accurately report the number of CWP participants waiting for specific services, which is part of the data utilized for Method Step #5. Multiple new efforts are occurring to rectify these issues by the end of Y2/Q2. The number of projected new enrollments (by region) expected to occur during the upcoming month are calculated by the CWP Director. Based on enrolling only 22 in Y2/Q1 (under target by 59), the goal for Y2/Q2 is 141 total enrollments, or 47 enrollments per month.

Total New Enrollees Anticipated in Next Month	
Region I	10
Region II	7
Region III	11
Region IV	8
Region V	11
Total Statewide	47*
	**Target necessary to stay on pace to enroll 500 by 9/30/23*

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 included in the table below. Please note that existing CWP enrollees who are awaiting providers to accept their referrals for certain services (per Method Step #3) have previously been included in this table; but issues with data for Method Step #3 (discussed above) prevent those enrollees being ***updated*** in this table for this quarter. This is expected to be rectified in the Y2/Q2 report. For this quarter, the data from the previous quarterly report remains in the "# Waiting" column of the table for existing CWP enrollees.

The last column shows the conclusion reached regarding whether additional provider capacity is needed.

Service	Region	# Utilizing	# Waiting	# Enrolled	Utilization Rate	Anticipated New Enrollments	Additional Capacity Needed	Existing Provider-Reported Capacity	More Providers Needed?
Adult Family Home	1	0	1	49	2%	10	1	0	Yes
Adult Family Home	2	0	1	49	2%	7	1	0	Yes
Adult Family Home	3	0	1	42	2%	11	1	0	Yes
Adult Family Home	4	0	1	28	4%	8	1	0	Yes
Adult Family Home	5	0	1	27	4%	11	1	0	Yes
Assistive Technology and Adaptive Aids	1	2	2	49	8%	10	3	30	No
Assistive Technology and Adaptive Aids	2	1	0	49	2%	7	0	20	No
Assistive Technology and Adaptive Aids	3	2	6	42	19%	11	8	20	No
Assistive Technology and Adaptive Aids	4	9	1	28	36%	8	4	30	No
Assistive Technology and Adaptive Aids	5	2	0	27	7%	11	1	10	No
Breaks and Opportunities	1	1	1	49	4%	10	1	12	No
Breaks and Opportunities	2	1	0	49	2%	7	0	5	No
Breaks and Opportunities	3	9	2	42	26%	11	5	19	No
Breaks and Opportunities	4	8	1	28	32%	8	4	24	No
Breaks and Opportunities	5	0	0	27	0%	11	0	6	No
Community-Based Residential	1	2	0	49	4%	10	0	0	No
Community-Based Residential	2	4	0	49	8%	7	1	1	No
Community-Based Residential	3	3	0	42	7%	11	1	0	Yes
Community-Based Residential	4	1	0	28	4%	8	0	0	No
Community-Based Residential	5	1	0	27	4%	11	0	2	No
Comm Int Conn and Skills Training	1	7	3	49	20%	10	5	4	Yes
Comm Int Conn and Skills Training	2	0	0	49	0%	7	0	7	No
Comm Int Conn and Skills Training	3	0	1	42	2%	11	1	20	No
Comm Int Conn and Skills Training	4	0	1	28	4%	8	1	23	No
Comm Int Conn and Skills Training	5	4	0	27	15%	11	2	52	No
Community Transportation	1	9	5	49	29%	10	8	4	Yes
Community Transportation	2	0	3	49	6%	7	3	8	No
Community Transportation	3	5	0	42	12%	11	1	6	No
Community Transportation	4	11	1	28	43%	8	4	12	No
Community Transportation	5	7	0	27	26%	11	3	34	No
Family Empowerment	2	1	0	49	2%	7	0	10	No
Housing Counseling	5	1	0	27	4%	11	0	27	No
Housing Start Up	3	2	0	42	5%	11	1	2	No
Housing Start Up	5	1	0	27	4%	11	0	27	No
Independent Living Skills Training	1	1	0	49	2%	10	0	4	No
Independent Living Skills Training	2	0	0	49	0%	7	0	16	No
Independent Living Skills Training	3	10	2	42	29%	11	5	4	Yes
Independent Living Skills Training	4	9	0	28	32%	8	3	16	No
Independent Living Skills Training	5	4	0	27	15%	11	2	35	No
Occupational Therapy	5	2	0	27	7%	11	1	4	No
Peer Specialist Services	4	2	0	28	7%	8	1	0	Yes
Personal Assistance-Community	1	1	1	49	4%	10	1	16	No
Personal Assistance-Community	2	1	3	49	8%	7	4	14	No
Personal Assistance-Community	3	3	1	42	10%	11	2	19	No
Personal Assistance-Community	4	6	0	28	21%	8	2	29	No
Personal Assistance-Community	5	1	0	27	4%	11	0	36	No
Personal Assistance-Home	1	0	1	49	2%	10	1	16	No
Personal Assistance-Home	2	1	2	49	6%	7	2	14	No
Personal Assistance-Home	3	5	1	42	14%	11	3	19	No
Personal Assistance-Home	4	8	1	28	32%	8	4	29	No
Personal Assistance-Home	5	2	0	27	7%	11	1	36	No
Positive Behavior Supports	1	0	0	49	0%	10	0	1	No
Positive Behavior Supports	2	0	0	49	0%	7	0	1	No
Positive Behavior Supports	3	17	0	42	40%	11	4	2	Yes
Positive Behavior Supports	4	14	0	28	50%	8	4	2	Yes
Positive Behavior Supports	5	1	0	27	4%	11	0	30	No
Remote Supports	1	2	0	49	4%	10	0	30	No
Remote Supports	2	0	0	49	0%	7	0	30	No
Remote Supports	3	4	1	42	12%	11	2	20	No
Remote Supports	4	2	1	28	11%	8	2	30	No
Remote Supports	5	2	0	27	7%	11	1	10	No
SE-Discovery	2	1	0	49	2%	7	0	7	No
SE-Discovery	4	0	0	28	0%	8	0	6	No
SE-Discovery	5	3	0	27	11%	11	1	30	No
SE-Exploration	1	0	0	49	0%	10	0	6	No
SE-Exploration	2	1	0	49	2%	7	0	17	No
SE-Exploration	4	3	0	28	11%	8	1	7	No
SE-Job Coaching	5	2	0	27	7%	11	1	30	No
Speech-Language Therapy	5	2	0	27	7%	11	1	4	No
Skilled Nursing	4	1	0	28	4%	8	0	6	No
Work Incentive Benefits Counseling	1	0	0	49	0%	10	0	17	No
Work Incentive Benefits Counseling	2	4	1	49	10%	7	2	14	No
Work Incentive Benefits Counseling	3	0	0	42	0%	11	0	14	No
Work Incentive Benefits Counseling	4	0	0	28	0%	8	0	20	No
Work Incentive Benefits Counseling	5	0	0	27	0%	11	0	30	No

Method Step #6:

By service and by region, during the COVID-19 public health emergency, 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 (Method #4) for existing CWP enrollees, the State is required to initiate the process to increase the number of providers for the impacted service and region (i.e., selection from the Stand-by List and/or initiation of an RFP).

Results of Data Analysis:

Problems with Method Step #3, and an unexpected new problem with Method Step #4, are still hampering the State's overall effort to apply the requirements for monitoring the adequacy of the CWP provider network. The issues with Method Step #3 and #4 are explained above. Multiple new efforts are occurring to rectify these issues by the end of Y2/Q2. These issues also impacted the State's ability to accurately report the number of CWP participants waiting for specific services, which is part of the data utilized for Method Step #5, as noted above. However, using the available data for the various Method Steps indicates that more provider capacity is needed for certain services in certain regions, and the specific services are generally consistent with past quarters' data. The core problem with provider network adequacy continues to be a need for more DSPs to deliver services. However, there is little evidence to suggest that simply adding more provider agencies to the CWP network will create this additional direct service staffing capacity. Indeed, an RFP released in June 2022 yielded only some of the additional provider capacity needed, with low provider response to the RFP largely due to the result of lack of DSPs. In the absence of other changes, attempting to add more provider agencies will only result in a greater number of provider agencies competing for the same limited pool of job seekers willing and able to take the positions. Therefore, as shared in the year one annual report, the State is implementing a targeted set of solutions which are expected to have a much greater and more effective impact on the shortage of DSPs and the related referral acceptance rates and service initiation delays. The State intends to release an RFP after this set of solutions is put in place. The solutions being implemented now include:

For Breaks and Opportunities (Unplanned/Emergency), Project Transition is being contracted in this demonstration year to begin offering this service in two regions. Additionally, they are being contracted to mentor existing ADMH/DDD waiver providers who have vacant group homes in CWP counties which they want to repurpose to become Breaks and Opportunities (Unplanned/Emergency) settings with technical assistance, training, and support from Project Transition. The goal is to achieve full statewide capacity by the end of demonstration year two. *Update: Funding for the contract has been secured. Contract negotiations are underway and are on the fast track for completion. The State has tentatively secured a site for both an adult crisis breaks and opportunities home and a similar home for children.*

For Positive Behavior Supports, Project Transition is also being contracted in demonstration year two to begin offering their own model for this service in two regions. Additionally, they are being contracted to mentor existing CWP providers who are contracted for this service or who have qualified personnel to deliver this service on their existing staff. Benchmark is already under contract with ADMH/DDD to provide this mentoring as well but will expand its involvement with the CWP in this way in demonstration year two. Finally, ADMH/DDD is working on bringing the START model (University of New Hampshire) to the Alabama CWP program to focus this model on providing supports for families and natural supports to successfully learn and utilize Positive Behavior Support strategies with CWP participants who are living with them to proactively prevent crisis and temporary or permanent out of home placement. *Update: Funding for the Project Transition, Benchmark and START contracts has been secured. The contract with Benchmark is in place. Contract negotiations are underway with Project Transition and are on the fast track for completion. A contract will be initiated with START by the end of February 2023 to purchase a comprehensive evaluation of the current support structure for individuals with IDD and co-occurring behavioral health diagnoses.*

For therapies, existing contracted CWP providers in Region V with staff qualified to deliver all three therapies will be able to apply to extend access to these services to the other four regions by subcontracting with qualified therapists located in other regions. This modified subcontracting arrangement, allowing the arrangement only if the billing provider is a therapies provider itself, will be supported by the proposed year two waiver amendment. *Update: This solution has been implemented and has resolved the lack of provider capacity for Occupational Therapy and Speech & Language Therapy in this region. A solution for Physical Therapy capacity in Region V will be addressed within Y2/Q2 and exploration of the potential of this solution for other regions will also be explored.*

Supported Living (All Regions) is also targeted for specific provider recruitment efforts through the RFP. As noted in the year one annual report, the State believes that the changes adopted because of the rate study – permanent rate increases to sustain the 30% rate enhancements currently being paid using state funds – and corresponding expenditure cap increases must be in place before additional RFP efforts will result in successful recruitment of additional providers. *Update: Funding for the state share necessary to make the 30% rate enhancements permanent (and to support corresponding expenditure cap increases) has been identified. A thorough review of the rate study recommendations has been completed, and specific recommendations for the CWP are being reviewed by leadership currently. A timeline and list of elements for the waiver amendment has been created.*

The issues with the lack of capacity for Remote Supports-Back-Up Contractor (All Regions) appears to be due to the lack of CWP participant education regarding options for Monitoring, given that contracted providers report significant capacity to accept new referrals. In demonstration year two, support coordinators will be trained to ensure CWP participants needing this service can meet each of the providers. For Remote Supports-Back Up Contractor, ADMH/DDD believes the lack of provider capacity to accept new referrals relates to provider misunderstanding of the reimbursement methodology. ADMH/DDD will do additional training with providers contracted for this service to ensure the methodology and appropriateness of the rate is understood by these providers. *Update: These trainings are planned for Y2/Q2.*

Rates for Community Transportation (Paid Driver; Stand-Alone Service) will be evaluated through the year one rate study results and additional ADMH/DDD evaluation to determine if a change in the rates or rate methodology is needed to attract sufficient providers for the CWP. Any rate or rate methodology changes will be included in the CWP waiver amendment planned for demonstration year two. *Update: The rate study has been completed, and a rate specific to this particular type of Community Transportation is pending leadership review.*

After the planned CWP waiver amendment to increase reimbursement rates and expenditure caps, as described above, is posted for public comment, submitted to CMS, and approved by CMS, ADMH/DDD plans to issue a new RFP for standby providers and to fill any remaining provider network needs, as identified through quarterly ongoing monitoring of provider network capacity using the methods detailed above.

Conclusion:

The CWP ended the first quarter of year two on a positive note with a 42% increase in service authorizations and a 37.5% decrease in emergency referrals. Additionally, the first annual transfer of attrition slots from the legacy waivers to the CWP indicates an opportunity for the State to significantly decrease the waiting list over the next two years. Other key performance metrics for the CWP are generally very positive, including the number of participants receiving all their services in settings that are not provider owned or controlled and the participation rate in self-direction.

The main barrier to program success remains enrollment challenges due to lack of updated eligibility documentation and the inability of 310 Boards to fulfill their role in maintaining up-to-date eligibility documentation for people on the waiting list. As a result of this continuing challenge, ADMH/DDD staff have again stepped in to take on this work in lieu of 310 Boards that do not have capacity. This is expected to result in dramatically increase the number of enrollments in the remainder of year two. The second challenge to program success has been the lack of DSPs to provide direct services. The State is taking meaningful and thoughtful steps to proactively address these issues as detailed in this report.

External partnerships are being strengthened through increased collaboration. The overall VR partnership is going well, and preliminary employment outcomes continue to be positive. Ongoing collaboration with DHR and county hospitals is starting to yield more alignment regarding the goal of keeping families together rather than promoting residential placement as the best or only solution. The new partnerships with Project Transition and the START Institute will help further develop the State's infrastructure for supporting families and avoiding unnecessary residential placements or in-patient hospitalizations.

Overall, interest nationally in the CWP centers on its unique design, focus on keeping families together, promoting competitive integrated employment and strategy for ending waiting lists as part of introducing an innovative waiver model designed for the future.

Appendix A

Indicators for Preferred Provider Selection

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

- Minimum score to be a Preferred Provider = twelve (12) resulting from a positive score in at least three (3) of the five (5) areas identified below to qualify. This means the provider must earn points for a minimum of one (1) component in three (3) of the five (5) areas and achieve a total score of twelve (12) or higher to qualify.

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

Area I. Experience with Waiver Service Provision

A. The provider currently participates in the ID or LAH Section 1915(c) Waiver programs for individuals with ID, and its most recent certification score was 90% or higher, placing it on a two-year review cycle. (5 Points)

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

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

Area II. Independent Accreditation

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

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

B. The provider has obtained Systemic, Therapeutic, Assessment, Resources, and Treatment (START) program certification, START network partner certification, or has at least one (1) staff person who has completed START coordination certification and whose time will be at least 50% dedicated to serving referrals from the CWP, as verified by the provider's proposed staffing chart for the CWP. (3 Points)

Area III. Support of Person-Centered Service Delivery

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

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

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

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

Area IV. Support of Independent Living

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

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

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

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

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

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

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

Appendix B

CWP Participant Satisfaction Survey

Person Surveyed:_____ DOB:_____/_____/_____

Interviewer:_____ Survey Date:_____

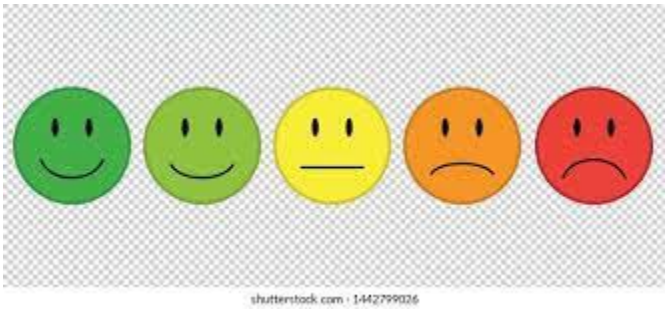
Initial Interview: Yes☐No☐ Follow Up Interview: Yes☐ No☐

Re-Credentialing Visit for Which Provider?_____

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

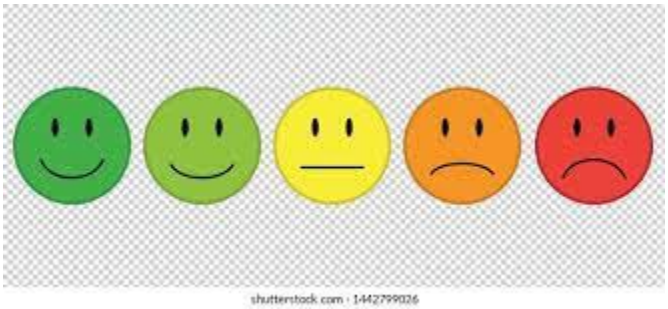
Daily Life

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



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

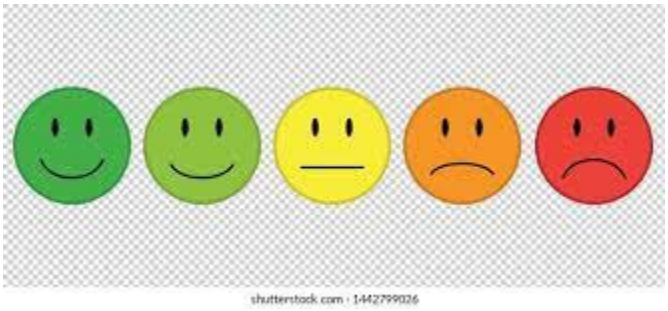
2. Have you had the opportunity to learn and try new things since you enrolled in the Community Waiver Program?



- ☐ Dark Green: Yes definitely

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

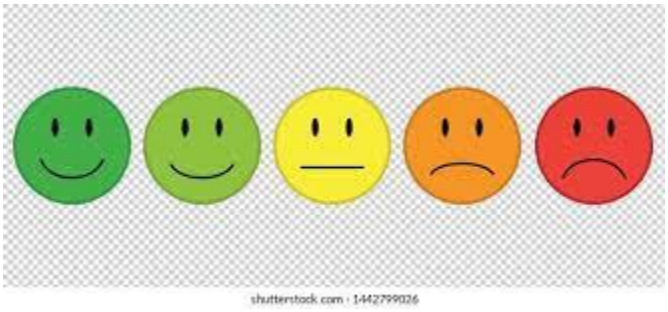
3. Are you seeking a job or already working in a job within your community?



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

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

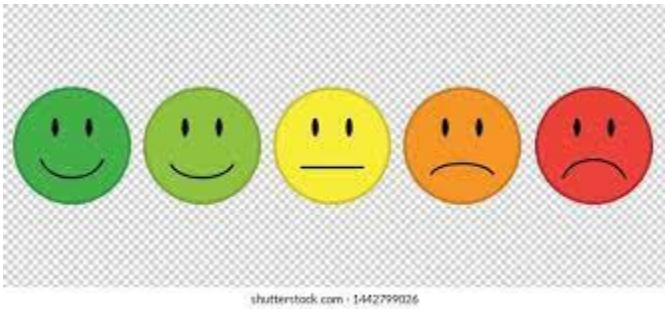
☐ I choose not to work at this time.



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

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

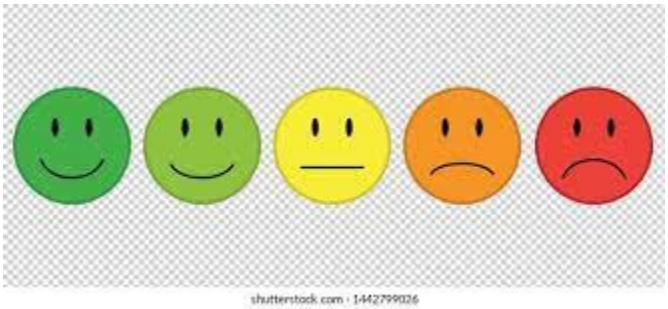
☐ I am already working.



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

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

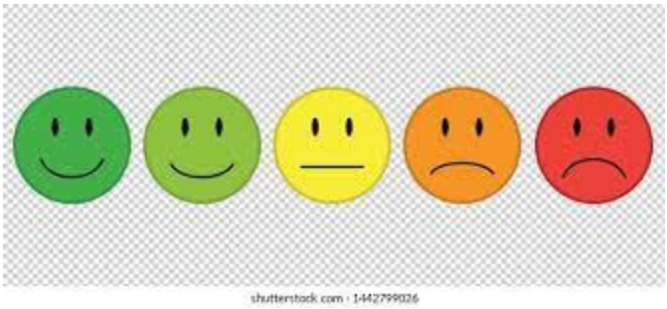
☐ I don't receive Community Waiver Program supports in my home at this time.



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

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

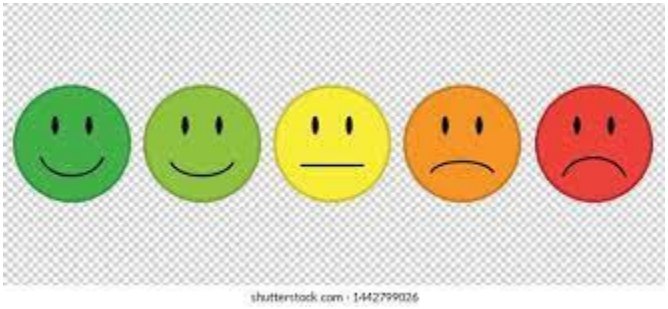
☐ At this time, I don't receive Community Waiver Program supports to help me do things in my community.



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

Community Connections

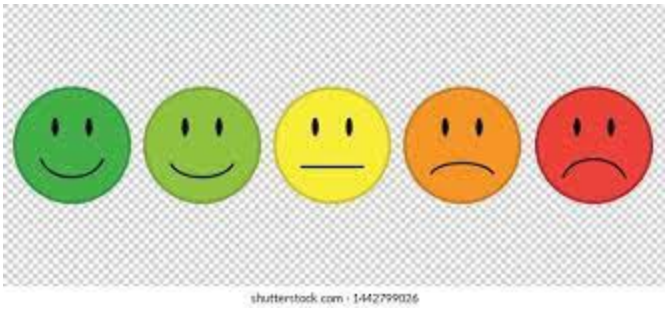
8. Has the Community Waiver Program provided you the chance to meet new people and make new friends?



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

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

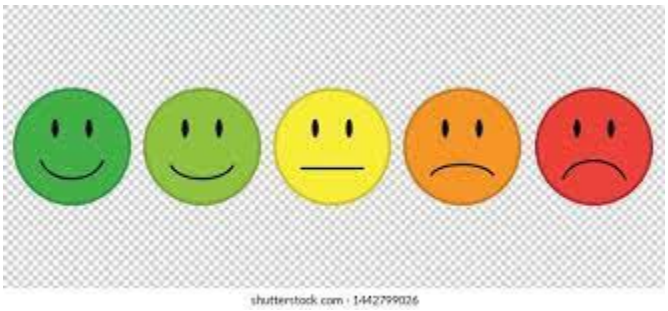
☐ I do not need this kind of help from the Community Waiver Program at this time



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

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

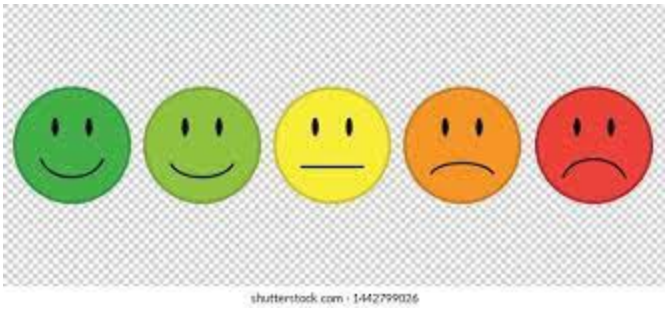
☐ I choose not to have a romantic relationship at this time
☐ I do not need this kind of help from the Community Waiver Program at this time.



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

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

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

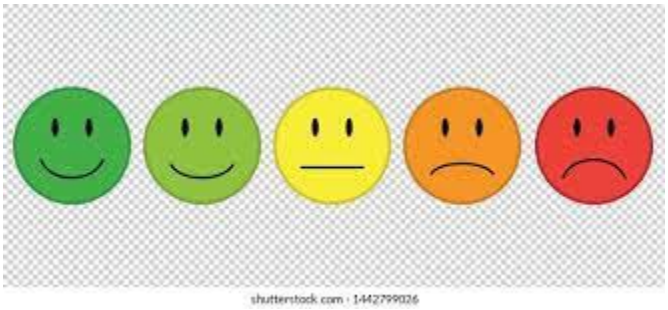


☐ Dark Green: Yes definitely
☐ Light Green: Yes
☐ Yellow: Not sure
☐ Orange: Not really
☐ Red: Definitely not

Community Living

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

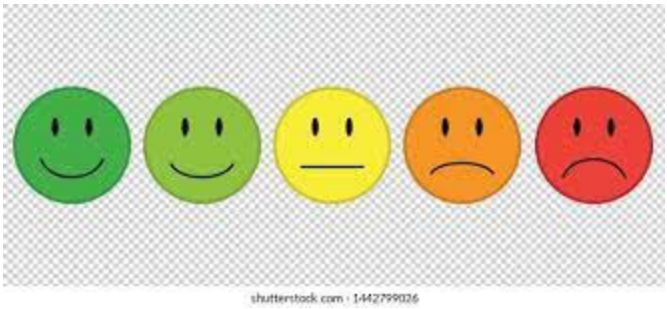
☐ I do not need this kind of help from the Community Waiver Program at this time



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

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

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



☐ Dark Green: Yes definitely

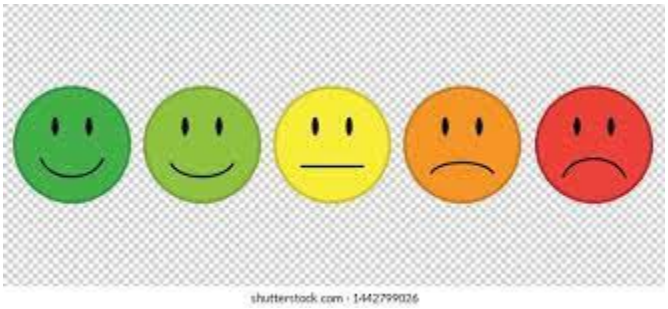
☐ Light Green: Yes

☐ Yellow: Not sure

☐ Orange: Not really

☐ Red: Definitely no

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



HOME:

☐ Dark Green: I feel very safe

☐ Light Green: I feel safe

☐ Yellow: Not sure

☐ Orange: I don't feel safe in some environments

☐ Red: I don't feel safe

OUTSIDE THE HOME:

☐ Dark Green: I feel very safe

☐ Light Green: I feel safe

☐ Yellow: Not sure

☐ Orange: I don't feel safe in some environments

☐ Red: I don't feel safe

AT WORK:

☐ I don't work at this time.

☐ Dark Green: I feel very safe

☐ Light Green: I feel safe

☐ Yellow: Not sure

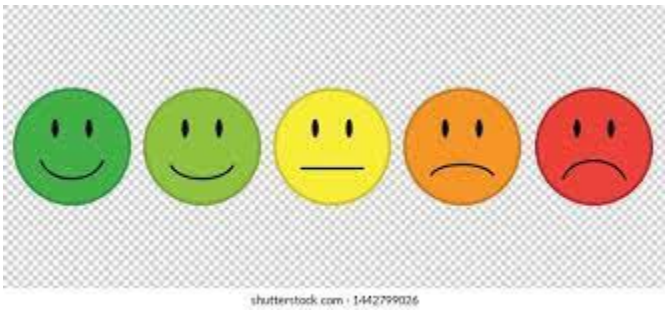
☐ Orange: I don't feel safe in some environments

☐ Red: I don't feel safe

Healthy Living

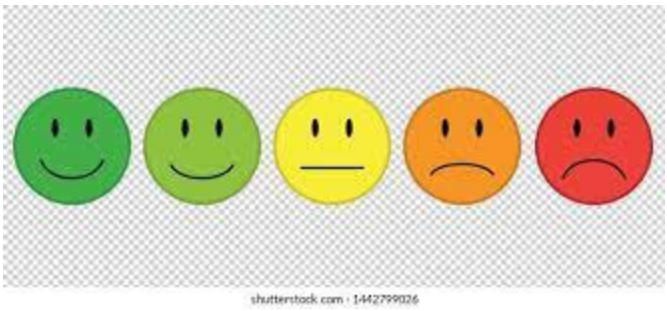
15. Are you happy with the supports you receive from the Community Waiver Program to help you stay healthy?

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



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

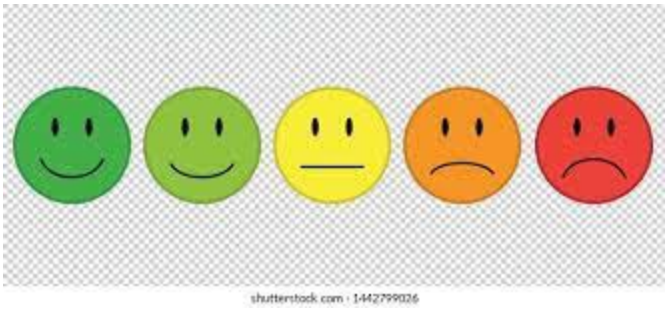
16. Does the Community Waiver Program help you get paid staff that you like?



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

Self-Determined: Rights, Choices, and Personal Control

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



☐ Dark Green: Yes definitely

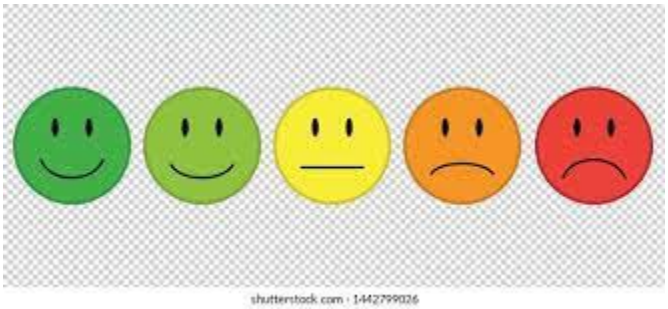
☐ Light Green: Yes

☐ Yellow: Not sure

☐ Orange: Not really

☐ Red: Definitely no

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



☐ Dark Green: Yes definitely

☐ Light Green: Yes

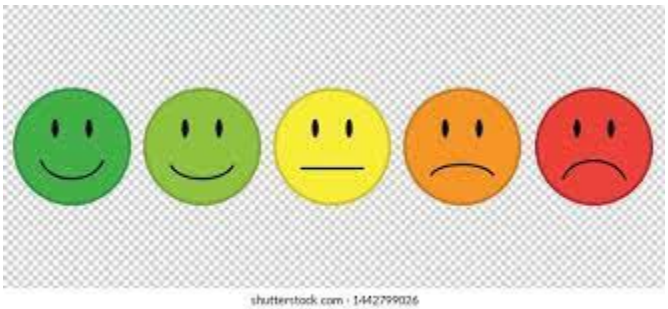
☐ Yellow: Not sure

☐ Orange: Not really

☐ Red: Definitely not

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

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



☐ Dark Green: Yes definitely

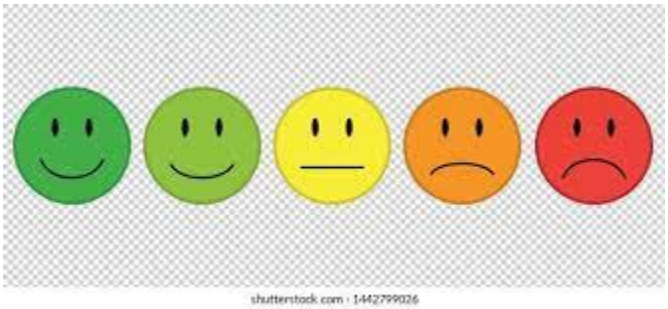
☐ Light Green: Yes

☐ Yellow: Not sure

☐ Orange: Not really

☐ Red: Definitely not

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



☐ Dark Green: Yes definitely

☐ Light Green: Yes

☐ Yellow: Not sure

☐ Orange: Not really

☐ Red: Definitely not