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

Quarterly Monitoring Report

04/01/2022 – 06/30/2022

Contents

Introduction

The Alabama Medicaid Agency (AMA) and the Alabama Department of Mental Health Division of Developmental Disabilities (ADMH/DDD) received final approval for the Community Waiver Program (CWP) from the Centers for Medicare and Medicaid Services (CMS) on October 21, 2021. This report summarizes the activities, outcomes, challenges, and opportunities related to the implementation of the CWP during the third quarter (Q3) of the first year of CWP operation: April 1 to June 30, 2022.

Stakeholder input, historical information, and data on the legacy Waivers [Intellectual Disabilities (ID) and Living at Home (LAH) Waivers] led to the decision to create the CWP with the following priorities:

- Find a way to end the waiting list for people with intellectual disabilities.
- Serve people before they get into crisis to keep them from getting into crisis.
- Focus on keeping families together by offering services/supports designed to assist the individual and services/supports designed to assist the family.
- Prioritize services that individuals and families say they need most.
- Use strategies to provide services more cost-effectively so that more people who need the services can receive them.

During Q3, the CWP continued to operate in eleven (11) counties strategically located in each of ADMH/DDD's five (5) regions. Priorities this quarter focused on increased enrollments into the CWP along with ensuring the readiness of the CWP Provider Network. In addition, there was an increase in Emergency Requests for CWP Group 4 Community Based Residential Services this reporting period. Many of the referrals were presented by the Alabama Department of Human Resources (DHR) Child and Adult Protection Services and the community hospitals in the pilot areas seeking community-based services for individuals who have been in their care up to 200 days and/or for whom they do not have a foster home available for placement. Consistent with the mission and goals of the CWP, ADMH/DDD continues to work with these referral sources to ensure all parties are focused on seeking the least restrictive, most integrated setting, including the potential for family reunification. Therefore, rather than defaulting to a residential setting, ADMH/DDD developed a policy and procedure for all individuals who may need emergency services and supports through the CWP. ADMH/DDD is facilitating the use of the "Crisis Breaks and Opportunities" service available through the CWP to address the emergent needs in a way that allows time to determine the best long-term plan for each individual.

Interest in the CWP remains strong among individuals on the waiting list. CWP enrollments continued during this quarter, although there were continued administrative challenges related to establishing up-to-date eligibility for enrollment. These challenges, along with solutions put in place by ADMH/DDD, are described in this report. By the end of the first year of CWP operation (September 30, 2022), the continued goal is to enroll five hundred (500) individuals in the CWP. If achieved, this is expected to reduce the waiting list by 25%. In the eleven (11) CWP operating counties, all individuals moving from the waiting list will be enrolled in the CWP. Individuals from those 11 counties who are already enrolled in the ID/LAH waivers may not voluntarily transition to the CWP until after it has been operational for at least 24 months (October 31, 2023). The only exception is LAH participants whose needs can no longer be safely met in the LAH Waiver. These individuals may begin to transfer to the CWP through the reserve capacity enrollment process on an as-needed basis.

In addition to updates on all performance metrics discussed in the first and second quarterly monitoring report, this Q3 monitoring report also includes success stories about CWP participants who are experiencing positive outcomes. The CWP is beginning to demonstrate advancement of the following goals:

- Enabling people with intellectual disabilities and their families to avoid crisis.
- Enabling families that include a person with intellectual disabilities to stay together.
- Supporting community inclusion and integrated community employment.
- Avoiding costly out-of-home residential placements to the greatest extent possible, while also providing these placements when circumstances necessitate this need.
- Serving more people from the waiting list as a result of the above strategies.

STC 41: Operational Updates

Operational Accomplishments

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

Outreach and Enrollment

Enrollments into the CWP increased from fifty-nine (59) during the first two (2) quarters to a total of one hundred thirty-nine (139) in Q3 as a result of seventy-nine (79) new enrollments during this quarter. This represents a 73% increase over the previous quarter (Q2). ADMH/DDD regional staff will continue to update eligibility documentation, as needed, for individuals on the waiting list seeking enrollment into the CWP. Historically, the designated 310 agencies in each region gathered the updated eligibility documentation for enrollments. Due to the 310 agencies' current inability to perform this role, mainly due to their own staffing issues, the CWP Support Coordinators assisted by taking on the responsibility of updating Inventory for Client and Agency Planning (ICAP), the level of care instrument, and other necessary documentation by working closely with the ADMH/DDD Regional Office Waiver Coordinators and Waiting List Coordinators. With the CWP staff stepping in, along with regional office staff, the 73% increase in enrollments was possible.

Enrollee Success Stories

The CWP is pleased to highlight two (2) successful outcomes during Q3 for individuals who were referred to the CWP.

1. Karissa was under the watchful eye of the Alabama Department of Human Resources (DHR Adult Protective Services) for an extended period of time due to ongoing concerns for her health and safety. Prior to June 2022, she received services through the ADMH/DDD Living at Home (LAH) Waiver. The CWP provided opportunities for her to attend day habilitation programs in the broader community. Karissa's needs in her daily life presented challenges to her Person-Centered Planning (PCP) team on how to continue providing the best quality of services within the limitations of what the LAH Waiver could provide. Her family also found it challenging to continue providing the support she deserved. Because of this, Karissa, her natural supports, her 310 Support Coordinator, and her designated PCP team requested an emergency CWP slot. Criteria outlined in the ADMH/DDD Operational Guideline on Waiver transfers (1.6.b.) had to be met to allow Karissa a successful transfer from the ADMH/DDD LAH Waiver into the CWP. This included an overview of necessary medical and behavioral information that clearly outlined health and safety concerns for the Waiver participant. This information was evaluated by the CWP Special Review Team. The team immediately approved Karissa for an emergency CWP slot and enrolled her into the CWP in June 2022. She moved into a home that can provide her with the supports she needs to thrive. Karissa's current CWP provider was previously her day service provider for the LAH Waiver, which ensured a smooth transition with continuity in support for Karissa from staff who know her. The provider agency is committed to ensuring their existing staff complete the CWP Direct Support Professional Training in order to support Karissa based on the values, philosophy, and expectations of the CWP. Karissa was the first transfer from the LAH Waiver to the CWP who used one of the available reserve capacity slots set aside for this purpose.

Since moving into community residential services, Karissa's health has greatly improved. Her weight has increased from seventy-two (72) pounds at enrollment to ninety-five (95) pounds. She is also receiving dental care and participating in the life of her community by attending a community gym where she is now taking Zumba classes. Most critically, she can maintain connections with her natural support network by having visits with them during the weekends. Karissa has indicated that she is satisfied with her new place of residence and has developed a very positive friendship with her roommate, however; she has also expressed that family visits are also very important to her.

2. Sam receives Personal Assistance Community (PAC) services through the CWP. Sam enjoys going out in his community, meeting new people, and learning new things. During his initial meeting with his CWP Support Coordinator, Sam asked if she would help him make a list of all the places he loves, titled "Sam's Places he Loves." Sam uses this list when choosing places to go and things to do with the support he receives through the PAC service. Sam and his mother have both expressed their gratitude for the CWP and the support it has provided to increase opportunities for Sam to do more of the things he enjoys, learn more skills, gain more independence, and try things he has always wanted to experience.

Sam's mother, Yolanda, sent this message to his CWP Support Coordinator: "Rukiya, Direct Service Professional (DSP), took Sam to the fire station today. Tomorrow is his 42nd birthday. He has been talking about it for months. I am grateful to her for her birthday surprise for him."

Emergency Placements

The CWP currently has a total of fourteen (14) referrals seeking emergency placements into Group 4 community-based residential services. After reviewing the information shared with the CWP Special Review Committee, five (5) of the fourteen (14) referrals were able to obtain other CWP services in Groups 1-4 and were closed. One (1) individual was placed in a state-operated acute behavioral health facility at the request of his physician. Of the other eight (8) individuals referred for emergency placements using the CWP programmatic approach, half were able to have their emergency needs met without placement into residential services. These four (4) individuals and their families/natural supports received CWP support services to enable the person to remain living with their family/natural supports. Keeping families together and/or providing supports in an individual's own home remains a CWP priority, with out-of-home placement into community-residential services being a last resort. Various conversations with families have revealed that they are open to receiving supports and services to enable their family member with intellectual disabilities to continue living with them. The remaining four (4) emergency cases continue to be assessed to identify the most appropriate solution and to plan for a successful transition to that situation. This has involved a collaborative effort with referring hospitals and DHR Adult Protective Services. This effort now includes ongoing scheduled meetings to review potential referrals to the CWP, giving ADMH/DDD the opportunity to educate and engage these critical partners in adopting the same goals as those guiding the CWP.

As mentioned in the previous section, the first Waiver to Waiver transfer (LAH to CWP), using a reserve capacity slot, occurred during this reporting period, Q3. This transfer occurred due to ongoing health and safety issues related to the participant's living environment and followed the process outlined in the ADMH/DDD Operational Guideline (Waiver to Waiver Transfers 1.6.b.) for reserve capacity enrollments into the CWP.

Person-Centered Assessment and Planning

The CWP Support Coordinators (CWP SCs) continue to focus on the development and enhancement of the Person-Centered Planning (PCP) process. Each new CWP SC must complete an initial four (4) day PCP training. The training is designed to share the purpose and philosophy of the PCP, how it applies to the person served and how CMS has defined the required process[1] for a person receiving services.

Recently, ADMH/DDD leadership extended the PCP training for an additional two (2) days, making it a full six (6) day training. The extension of the training allows the agency to share more valuable information relating to the PCP. Upon completing the training, each Support Coordinator is required to pass a comprehensive test to demonstrate proficiency in Person-Centered Assessment Planning.

Currently, the CWP has eighteen (18) Support Coordinators (SCs) who have successfully completed the four (4) day training, and one (1) SC is scheduled to participate in the six (6) day training. Post-training testing is providing confirmation of the SCs aptitude and knowledge in successfully developing PCPs. Overall, the CWP SCs are demonstrating increased competence in the completion of PCPs by working with the individual and his/her natural supports to identify and organize the services and supports the person needs to achieve their desired goals/outcomes and maintain community living in the least restrictive most integrated setting that can meet their needs. Also, SCs are improving their skills in assisting the individual to identify their personal goals/outcomes and in defining measurable person-centered strategies that address barriers, including assuring that the identification of back-up and contingency plans are documented in all PCPs.

Currently, all PCPs are being reviewed by the immediate supervisor using a standardized review tool to ensure quality. When needed, or if randomly selected, PCPs are also referred to the CWP Director of Support Coordination for a second

[1] See 42 CFR § 441.301(c).

level review. Initially, a PCP Tips Tool was developed to help the SCs ensure all fields in the PCP were appropriately completed. As a result of this tool, PCPs are now being approved within the sixty-day (60) time frame established for the Waiver with minimal areas of correction needed.

During Q3, in addition to more formal CWP training, SCs also participated in weekly meetings for review and discussions related to the implementation of PCPs, emergency referrals, required forms and service documentation, Self-Directed Services (SDS) Handbook requirements, and Alabama Department of Rehabilitation Services (ADRS) participation in Minor Home Modifications, and Assistive Technology.

Additionally, SCs participated in Planned Services/Budgeting training to understand the appropriate submission process to obtain prior authorization so appropriate services can be provided. The SCs are responsible for submitting each individualized PCP and budget forms into the ADMH/DDD ADIDIS billing system.

Finally, the creation and implementation of CWP Support Coordination Teams (CWP SC Teams), to assist with completion of the Inventory for Client and Agency Planning (ICAP), was instrumental in contributing to increased enrollments in Q3. The CWP SC Teams were assigned to each region and tasked with a specified list of ICAPs to be completed in pilot areas by the target date of June 24, 2022. With the assistance of the CWP SC Teams, information was updated in the tracking system, and eligibility was completed for all assigned pilot areas. As a result of these efforts, enrollments for the Q3 reporting period doubled.

Support Coordination Capacity

Maintaining appropriate staffing has created challenges for not just the CWP Provider Network, but also for CWP SCs across the five (5) regions. During Q3, there were a total of three (3) staffing changes across all five (5) regions. The vacancies occurred due to family issues, health changes, and other career opportunities. In response, three (3) new CWP SCs filled the vacant positions. The data below reflect the number of staffing changes that resulted from resignations, the number of new staff who joined the CWP SC Team, and the number of current vacancies per region.

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

- Region I: One resignation. Staffing consists of one (1) SC Supervisor and four (4) SCs. There is currently one (1) vacancy.
- Region II: There was a loss of one (1) SC Supervisor. However, a replacement was hired during the quarter in the affected 310 Board agency. Staffing consists of one (1) Supervisor and one (1) SC in each of the two (2) counties in Region II.
- Region III: Staffing consists of one (1) SC Supervisor and three (3) SCs, with one (1) SC vacancy to be filled.
- Region IV: There were no staff changes. Staffing remains at one (1) SC Supervisor and two (2) SCs. There are no current vacancies.
- Region V: The SC Supervisor resigned during Q3. Two (2) new SC were employed during Q3. Currently there are four (4) SC in this region with three (3) vacancies, including the Supervisor position.

These numbers reflect five (5) current vacancies of SCs that will be filled during Q4 in three (3) of the five (5) regions. ADMH/DDD regions are detailed in the map below.

Services Most Utilized

Through data analysis conducted during Q3, the services most requested by CWP participants thus far, across all five regions, were identified as follows:

- Adult Family Homes
- Breaks and Opportunities (Unplanned/Emergency)
- Community Transportation (Stand-Alone)
- Occupational Therapy
- Personal Assistance-Home
- Personal Assistance-Community
- Positive Behavior Supports
- Physical Therapy
- Employment Services
- Financial Literacy
- Housing Counseling
- Housing Counseling Assistance
- Remote Supports Backup
- Speech and Language Therapy
- Supportive Living Services
- Skilled Nursing

This data was considered when developing the Request for Proposal (RFP) for additional and stand-by providers that was released in June of 2022. For more information regarding the RFP, see below.

Policy and Administrative Difficulties in Operating the Demonstration

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

Internally, ADMH/DDD experienced challenges hiring key positions to support the CWP. A management position under the CWP Director was filled during Q3.

Enrollment Challenges

CWP enrollments continue to lag behind set targets. The majority of the delays were the result of outdated or missing eligibility documentation. Many of the individuals interested in enrolling in CWP required an updated ICAP, and others needed a Medicaid eligibility determination. Many of the 310 Support Coordination agencies within the eleven CWP counties are struggling to recruit and employ staff, resulting in the inability to update eligibility documents in a timely manner. The ADMH/DDD Director of Community Services along with the Waiting List Coordinators, Waiver Coordinators, and CWP Support Coordinators, all worked together in Q3 to expedite the eligibility process and increase enrollments. Regional ADMH/DDD staff will continue to 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 Payments

In Q3, a challenge related to denials of claims from CWP provider agencies due to third party liabilities (TPL) in Medicaid's billing system was identified. TPLs are additional insurances that are billed primarily before Medicaid is considered the responsible funding source. When an individual has a TPL guarantor, the system flags the case for provider edits and rejects the billing. The lack of CWP modifiers for some services within the Medicaid system have delayed payments since April 2022. AMA was made aware of the issue, and corrective action is being implemented by Gainwell. Gainwell is a Medicaid management information system that provides IT for ADMH/DDD's billing system. Once corrective action is taken, providers will begin receiving payment for services rendered. ADMH/DDD has offered providers an alternative payment method until the issue is resolved. The issue is expected to be resolved during the fourth quarter (Q4) reporting period.

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

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

The provider network faces the same monumental challenges as the providers of home and community-based services throughout the country. Providers struggle to recruit and retain sufficient direct service staffing for served individuals and thus, find it extremely difficult to accept new referrals and expand services provided, particularly individualized services. The difficulties faced by providers to recruit and retain DSPs has led to CWP enrollees receiving some of the services identified in their PCPs while being unable to find providers for every service in their plan. To support providers in their efforts to provide CWP services, ADMH/DDD implemented 30% rate enhancements for CWP services provided during the first year of the program. ADMH/DDD continues to offer free training for DSPs, including reimbursement to the provider agency for DSP time spent in training, where possible. ADMH/DDD also provided start-up grants to CWP providers, which enabled providers to offer recruitment and retention bonuses, and offered bridge funding until Waiver reimbursement for services is sufficient to cover the provider's CWP-specific operating costs.

Provider network capacity continued to be assessed during Q3 utilizing monthly reports from all participating providers. The report documents services initiated in the previous month and the number of new referrals (for each contracted service) the provider is able to accept in the following month. This report helps ensure that, regionally, a minimum of two providers are available to deliver needed CWP services. This report was also utilized to develop an RFP to recruit new providers. The RFP was released on June 8, 2022 and is expected to be scored and closed on July 11, 2022. Contracts for selected providers are expected to be in place during the next quarter. An update on selected providers will be included in the next quarterly report.

Key Achievements and Conditions or Efforts Attributed to Success

Ensuring Fully Trained Direct Support Professional Workforce for the CWP

ADMH/DDD continues to contract with the QuILTSS Institute to provide the competency-based Alabama Employment and Community First (AL ECF) online training platform for Direct Support Professionals (DSPs). DSPs must complete the first sixteen (16) hours of training before they can begin supporting individuals in the CWP. Over two hundred (200) DSPs are currently enrolled in the course. Thirty-nine (39) DSPs have completed the entire forty-four (44) hour course, as of the last day of Q3. Success Coaches are embedded within agencies to provide coaching and assistance to DSPs as they complete the AL ECF course. There are currently thirteen (13) Success Coaches embedded in provider agencies, each of which have completed a specially designed Success Coach curriculum also housed on the QuILTSS platform. Twenty-six (26) provider staff are currently enrolled in the Success Coach course.

ADMH/DDD has also seen a steady increase in DSPs who have completed specialized trainings coordinated through The Columbus Organization or by ADMH/DDD and the Alabama Department of Rehabilitation Services (ADRS), as outlined below:

Community Integration Connections and Skills Training Service: 28
Family Empowerment and Systems Navigation Counseling Service: 24
Financial Literacy: 23
Housing Counseling: 25
Independent Living Skills Training: 27

As of the end of Q3 (June 30th, 2022), thirty-three (33) DSPs in CWP provider agencies are certified as Job Coaches, while forty-six (46) are certified as Job Developers. Twenty-four (24) individuals have completed the Peer Specialist Services training.

Ensuring Quality through a Collaborative Partnership with The Council on Quality Leadership

The Quality Enhancement (QE) staff continued to work closely with The Council on Quality Leadership (CQL) to develop the tool that will be used for ongoing provider credentialing. A “person-served satisfaction survey” is also in development that will be utilized as part of determining the overall satisfaction of the CWP participants receiving services. The “credentialing workbooks” that will be used for the CWP are in final draft format and were forwarded to the AMA for review and suggested edits. The workbooks outline the monthly visit structure and format for ongoing credentialing of CWP providers. QE staff will record information directly into the approved workbooks based on information received from the provider’s administrative and direct service staff, along with people served and their family members. QE staff will collect this information during monthly visits, either on site or virtually, using targeted conversations, focus groups and documentation reviews. The planned structure of monthly visits is the most notable aspect of CWP credentialing that differentiates it from “traditional certification” in the existing ID and LAH Waivers operated by ADMH/DDD. The credentialing workbooks are expected to receive final approval in the first month of Q4 and begin being utilized thereafter. Training on the credentialing process and workbooks will occur early in Q4 as soon as the documents receive final approval.

Unfortunately, ADMH/DDD lost a QE staff member due to a promotional opportunity, however; this vacancy is expected to be filled in Q4. There are currently two (2) QE staff and one (1) vacant position.

Collaboration with Alabama Department of Rehabilitation Services

The collaboration with Alabama Department of Rehabilitation Services (ADRS) is going well. Each CWP county has an assigned Vocational Rehabilitation (VR) Liaison Counselor that works directly with CWP SCs, receives referrals, and ensures the VR intake and eligibility process is timely. Early on, CWP SCs in each county met with VR counselors for formal introductions and exchange of contact information. Thus far, Tuscaloosa County (Region II) CWP SCs made eleven (11) referrals to VR, and CWP SCs in Jefferson County (Region V) made five (5) referrals to VR. Some VR liaisons have requested regularly scheduled meetings with Support Coordinators for planning purposes. Overall, VR is pleased with the partnership and continues to fund Discovery, Job Development, and Job Coaching. The CWP is funding other support

services for CWP participants and will fund continued job coaching, if needed, after ADRS finishes its funding of Job Coaching.

The most successful VR stories are coming from Region II (Tuscaloosa). Of the eleven (11) people referred to VR in Region II, five (5) are currently working, and three (3) others will begin their employment in August. The remaining three (3) are currently participating in Discovery.

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 Q3. The CWP leadership team along with ADMH/DDD's Therap consultant, Ms. Ishya Dotson, meet weekly to discuss the procedures and methods the CWP will utilize for IPMS. The ADMH Call Center was identified as the point of entry/nucleus of enrollments for CWP into the Therap Database. The CWP Support Coordinator Supervisor is responsible for providing the Call Center staff with the following enrollment information:

i. Enrollee First Name
ii. Enrollee Last Name
iii. Enrollee Middle Initial (if applicable)
iv. Date of Birth
v. Medicaid Number
vi. ADIDIS Case Number
vii. List of all Providers servicing the enrollee
viii. Identify Region of Service

The Call Center staff will enroll individuals into the Therap database under the appropriate provider(s) from which the person is receiving services. Also, each individual will be added to the Regional IPMS caseload for enrollment by the Call Center. The CWP Leadership and Therap consultant scheduled training for both the CWP Provider Network and CWP Support Coordinators in Q4, and the system will launch in Q4.

Administrative Code

After CMS's approval of the CWP, ADMH/DDD amended Chapter 580-5-30 of the Administrative Code, Intellectual Disabilities Services, to authorize and support Alabama's new CWP. The amendment also strengthened language necessary to comply with the federally mandated Home and Community Based Services (HCBS) Settings Rule governing all Waiver programs administered by ADMH/DDD. The amendment was published November 30, 2021, in the Alabama Administrative monthly, Volume XL, Issue No.2. The comment period extended into Q2 and ended on January 4, 2022. The proposed Administrative Code revisions were codified, and final adoption commenced on May 15, 2022.

Provider Network Successes

During Q3, ADMH/DDD completed enrollment of providers originally selected for the provider network to achieve a total of thirty-three (33) enrolled and active providers. Only five (5) providers were pending completion of the enrollment process at the end of Q2. The pending providers were approved in Q3 and two (2) of the five (5) initiated service starts during Q3.

Identified Beneficiary Issues and Complaints

There was one formal complaint/grievance filed in Q3. A CWP family reached out to the AMA to discuss the following concerns:

1. Question about whether the mother would need to obtain legal guardianship to sign Waiver documents for her daughter (the Waiver participant).
2. Question about the amount of Personal Assistance services that could be received on a weekly basis using the self-direction option.
3. Question about whether the Waiver participant would be required to obtain a TB skin test.

After learning of the contact with AMA, CWP leadership reached out to the CWP SC and the CWP consultant to review the complaint. Following this review, the CWP 0SC reached back out to the participant and family to confirm the following:

1. The participant's mother could become the Appointed Representative for Medicaid and would not need to pursue guardianship to sign Waiver documents.
2. The enrollee would be able to obtain the needed hours of Personal Assistance services per week using self-direction.
3. No TB skin test is required for CWP participants.

The complaint/grievance was settled quickly without any additional concerns expressed by the participant and/or family.

Lawsuits and or Legal Actions

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

Legislative Updates

There were no legislative updates for Q3.

Unusual and Unanticipated Trends

There were no unusual or unanticipated trends for Q3.

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

The first CWP Public Forum since the launch was held on April 13, 2022. Public comments included the following topics:

- The State's Waiver Plans and self-direction of services.
- The emphasis on employment, but not as much on other services that were historically available prior to the pandemic to individuals that did not desire to work.
- ADMH's plan to ensure adequate communication with families and people with disabilities. State should improve efforts for outreach and broader publication of public comment periods.
- What the State is doing to streamline the eligibility and enrollment process for the CWP.
- Ongoing staff shortages and what the State is doing to address recruitment and retention of DSPs.
- The state should do more to disseminate information to families and caregivers. The state might consider regional stakeholder meetings.

STC 41: Performance Metrics

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

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

Additional metrics will be added to future monitoring reports, including metrics evaluating quality of care and cost of care, once sufficient enrollments are achieved to effectively implement these metrics. Below are the initial performance metrics the State established and where available, data is presented for Q3.

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.

Anticipated Pace of Enrollments (Updated April 2022)	Total Targeted Enrollments Statewide (Not including reserve capacity)	% of Total Enrollments in Year 1 of CWP (Not including reserve capacity)
November-December 2021	35	8%
January-March 2022	24	5%
April-June 2022	184	42%
July-September 2022	200	45%
Total Slots (not including reserve capacity)	443	100%

Data for the Reporting Period:

Total Enrollments for the Reporting period	Total Targeted Enrollments	Performance
79	**184**	**53%**

Data for the Demonstration Year to Date:

Total Enrollments for the Reporting period	Total Targeted Enrollments	Performance
139	**243**	**57%**

Data Discussion:
Actual enrollments into the CWP did not meet the anticipated pace for targeted number of enrollments of one hundred eighty-four (184) for Q3 due to outdated and missing enrollment information. Although the goal was not met, there was a 73% increase in enrollment over Q2, and a plan is in place to address the issue. Enrollments should improve during the remainder of the demonstration year.

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

Demonstration Month	County	Enrollment Group				
April 2022		**Gr 1**	**Gr 2**	**Gr 3**	**Gr 4**	**Gr 5**
Region 1	Madison		2	1		
	Morgan			1		
	Limestone					
Region 2	Tuscaloosa			2		
	Walker					
Region 3	Mobile					
	Baldwin					
Region 4	Montgomery			2		
	Elmore			1		
	Houston			1		
Region 5	Jefferson					
April 2022 TOTAL:			2	8		
May 2022		**Gr 1**	**Gr 2**	**Gr 3**	**Gr 4**	**Gr 5**
Region 1	Madison		1			
	Morgan			1		
	Limestone					
Region 2	Tuscaloosa			4		
	Walker					
Region 3	Mobile		1	4		
	Baldwin					
Region 4	Montgomery			1		
	Elmore					
	Houston					
Region 5	Jefferson					
May 2022 TOTAL:			2	10		
June 2022		**Gr 1**	**Gr 2**	**Gr 3**	**Gr 4**	**Gr 5**
Region 1	Madison	**1**	3	7		
	Morgan			3		
	Limestone		1	4		
Region 2	Tuscaloosa		2	2		
	Walker		4	3	1	
Region 3	Mobile	1	3	2	1	

	Baldwin		5	3		
Region 4	Montgomery			8		
	Elmore					
	Houston		1	1		
Region 5	Jefferson		1			
June 2022 TOTAL:		2	20	33	2	
REPORTING PERIOD TOTAL		**Gr 1**	**Gr 2**	**Gr 3**	**Gr 4**	**Gr 5**
ALL REGIONS	**All Counties**	**2**	**24**	**51**	**2**	

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
49	**75**	**65%**

Data for the Demonstration Year to Date:

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
72	**132**	**55%**

Data Discussion:
During the quarter, one (1) of the seventy-nine (79) enrollees was outside of the 14-64 age range, and three (3) resided in a group home or facility. Of the seventy-five (75) in the 14-64 age range not in a group home or facility, forty-nine (49) enrollees, or 65%, expressed interest in obtaining and maintaining competitive integrated employment. This is a significantly higher percentage than in Q2. Overall, since the program opened, 55% of enrollees identified a goal to obtain and/or maintain competitive integrated employment with supports from the CWP.

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 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
75	79	**95%**

Data for the Demonstration Year to Date:

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
132	**138**	**96%**

Data Discussion:
In Q3, CWP enrollees that were seeking services to sustain their family/natural living arrangement continued to be high, with 96% in this category. Overall, since the program opened, 96% of CWP enrollees are being supported to sustain family/natural living arrangements or live independently. Of the three (3) individuals during Q3 who were unable to preserve their current or natural living arrangement and were identified as emergency enrollments, two (2) moved into community residential services, and one (1) is hospitalized in an acute behavioral care facility.

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, constitute the denominator.

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

Data for the Reporting Period:

Total CWP participants as of the last day of the reporting period who have one or more services in their Person-Centered Plans that can be self-directed and who are self-directing at least one of those services	Total CWP participants as of the last day of the reporting period who have one or more services in their Person-Centered Plans that can be self-directed	Performance
7	**43**	**16.3%**

Data Discussion:
Early data for Q1 through Q3 demonstrate that 16.3% of CWP participants, who have the option to self-direct one (1) or more services, are choosing to self-direct. While more CWP participants could be self-directing, the early percentage is promising in that it is already 5.9% higher than the rate of participation in self-direction in the ID/LAH waivers (10.4%). CWP Support Coordinators continue to receive training on self-direction so they are optimally prepared to explain and facilitate self-direction, and ADMH/DDD has also increased its engagement with FMSAs to ensure their 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 as a result of CWP enrollment.

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

Denominator: Total CWP enrollments during the reporting period.

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

Data for the Reporting Period:

Total CWP enrollees during the reporting period who qualified for and/or first received Medicaid coverage as a result of CWP enrollment	Total CWP enrollments during the reporting period	Performance
4	79	5%

Data for the Demonstration Year to Date:

Total CWP enrollees during the reporting period who qualified for and/or first received Medicaid coverage as a result of CWP enrollment	Total CWP enrollments during the reporting period	Performance
4	138	3%

Data Discussion:
Because outreach to individuals with intellectual disabilities eligible for 1115 Group 5 just started during the Q2 reporting period and all individuals targeted for enrollment are still being pulled from the existing waiting list, based in part on length of time waiting, there were only four (4) enrollments into the CWP during the reporting period who did not already have Medicaid eligibility through another source. Four (4) enrollments represent the total number of enrollments that needed 204/205 and 376 forms to enroll.

C. Data demonstrating quality of care

Program Goal #C1: Ensure high CWP participant satisfaction

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

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

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

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

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

Data for the 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
N/A	**N/A**	**N/A**

Data Discussion:
The CWP Participant Satisfaction Survey is still in development with an anticipated start date for use in Q4 as part of the provider re-credentialing process. As noted in an earlier section of this report, this re-credentialing process commences within six (6) months after a provider begins to deliver services to at least one individual referred through the CWP. Due to this reporting period being the third quarter of the program, this re-credentialing process had not yet begun. ADMH/DDD anticipates being able to report data on this metric in the Q4 monitoring report.

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
1	**79**	**1%**

Data Discussion:
As noted on pages 11 and 12, there was one formal complaint/grievance filed in Q3. A CWP family reached out to the AMA to discuss their concerns. CWP leadership reached out to the Support Coordinator and the CWP consultant to review the complaint. Following this review, the Support Coordinator reached back out to the participant and family to settle the complaint/grievance quickly without any additional concerns expressed by the participant and/or family.

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. Authorizations for the following service types will be excluded:

- Occupational Therapy
- Physical Therapy
- Speech/Language Therapy
- Community Transportation

- Individual-Directed Goods and Services

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

- 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
41	**43**	**95.4%**

Data Discussion:
Of the forty-three (43) CWP participants as of the last day of the reporting period with approved Person-Centered Plans, only two (2) are receiving services in a setting that is provider owned or controlled. It should be noted that as of the last day of Q3, there were a total of sixty-seven (67) CWP enrollees that reached sixty (60) or more days of enrollment and were expected to have an approved Person-Centered Plan. As indicated in the table above, only 43 of the 67 enrollees were receiving services beyond Support Coordination as of the close of Q3. This was due primarily to workforce shortages being experienced by providers, as indicated on p.9 of this report.

STC 41: Budget Neutrality and Financial Reporting Requirements

As of the end of the third quarter (Q3) of fiscal year 2022, there have been no Group 5 individuals placed. The Q3 CWP-1115 Budget Neutrality Workbook has been sent to the AMA.

STC 48: Evaluation Activities and Interim Findings

STC 48 requires the State to submit to CMS a draft evaluation design, due no later than one hundred eighty (180) days after CMS's October 21, 2021, approval of the demonstration. Health Management Associates (HMA), the State's independent evaluator, completed the draft evaluation design, which was submitted to CMS on April 19, 2022. During Q3, CMS reviewed the design and provided recommendations for the State to consider. A meeting with CMS is expected in early Q4 to finalize the evaluation design, and CMS approval is also anticipated in Q4.

STC 30: Preferred Provider Selection

Preferred Provider Network

Historically, ADMH/DDD has managed an open provider network due to the State's obligation under federal law to contract with any willing provider for its 1915(c) legacy Waivers. Increasingly, the number of providers enrolled for a 1915(c) Waiver has outweighed the capacity needed to serve people, leaving all providers with fewer referrals than needed to operate effectively and efficiently. This has often resulted in high vacancy rates for Residential Habilitation in particular. Yet, the State has continued its obligation to enroll any new provider that wants to provide Residential Habilitation services. Further, the State is required to regularly monitor and certify each of these new providers and settings, in addition to regularly monitoring and re-certifying all existing providers and settings. This has resulted in ADMH/DDD staff resources for these tasks being stretched increasingly thin, allowing ADMH/DDD staff minimal time to

work with providers on quality improvement and innovation. Most of ADMH/DDD staff time for managing the legacy Waiver provider network has consequently gone to addressing 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.

Under the CWP 1115(a) demonstration Waiver approval, the State received federal authorization to limit the provider network based on need/capacity and provider performance. While ensuring choice of provider for the individual 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.

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.

Ongoing work continues throughout 2022 focused on securing 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 anticipated enrollments. ADMH/DDD is committed to maintaining an appropriate number of providers needed for each type of service offered in the CWP based on the geographic area and number of current and anticipated enrollments. ADMH/DDD developed utilization 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 for a portion of Q2. The tool was improved and implemented for Q3, and the methodology for monitoring provider capacity was applied in a way that produced more valid and reliable results. The complete methodology was applied and is reported below.

2. Fields were added to the ADIDIS case management information system to enable CWP SCs to track referrals to providers, including dates for referrals accepted by a provider. The design of 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 Q3 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 full three (3) months of the third quarter (Q3).

Method Step #1:

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

At the end of Q3, there were thirty-three (33) providers collectively providing thirty-three (33) CWP services across the five (5) 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 Q3 are summarized in the chart below:

Capacity to Accept New Referrals During Quarter 4 Month #1 (July 2022)	Providers' Reported Capacity to Accept New Referrals				
CWP Service Provided	REGION 1 TOTAL	REGION 2 TOTAL	REGION 3 TOTAL	REGION 4 TOTAL	REGION 5 TOTAL
Adult Family Home	**0**	**0**	**0**	**0**	**0**
Assistive Technology and Adaptive Aids	339	227	236	339	116
Breaks and Opportunities (Respite)	6	4	19	28	6
Community Integration Connection and Skills	20	5	24	29	92
Community Transportation	23	34	12	33	75
Community-Based Residential Services	**0**	2	**0**	3	2
Employment Supports - Co-Worker Supports	8	19	**0**	13	24
Supported Employment - Individual: Career Advancement	12	13	9	15	30
Supported Employment - Individual: Discovery	15	13	4	19	30
Supported Employment - Individual: Exploration	21	23	**0**	20	30
Supported Employment - Individual: Job Coaching	17	14	9	18	30
Supported Employment - Individual: Job Development Plan	20	17	9	19	30
Supported Employment - Individual: Job Development	20	20	9	21	30
Supported Employment - Integrated Employment Path	17	20	**0**	18	30
Supported Employment Small Group	14	6	**0**	**0**	29

Family Empowerment and System Navigation Counseling	13	35	14	8	83
Financial Literacy and Work Incentives Benefits Counseling	18	29	4	5	25
Housing Counseling Services	30	17	4	2	27
Housing Start-Up Assistance	13	17	4	2	27
Independent Living Skills Training	39	17	10	22	76
Natural Support of Caregiver Education and Training	31	30	30	30	90
Occupational Therapy	**0**	**0**	**0**	**0**	4
Peer Specialist Supports	24	4	7	8	66
Personal Assistance Community	23	13	25	35	77
Personal Assistance Home	16	13	25	35	77
Physical Therapy	**0**	**0**	**0**	**0**	5
Positive Behavioral Supports	1	1	2	5	30
Remote Supports Backup Contractor	**0**	**0**	**0**	**0**	**0**
Remote Supports Contractor	330	220	220	330	110
Skilled Nursing	**0**	**0**	**0**	**0**	20
Speech and Language Therapy	**0**	**0**	**0**	**0**	4
Supported Living Services	4	**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 Q3, 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 Q3 is reported in the table below.

In interpreting the data, it is important to note that the numbers are very small at this early stage, and this means a single referral not accepted can have a significant impact on the referral acceptance rate. Additionally, ADMH/DDD identified some issues with data entry by support coordinators with regard to accurate and complete tracking of referrals made and referrals accepted. To address this, ADMH/DDD will re-train support coordinators in Q4 and continue tracking data to ensure issues are resolved by end of Q4.

Table Abbreviations:

R: Region
#RA: Number of Referrals Accepted
#RNA/AR: Number of Referrals Not Accepted
RA%: Referral Acceptance Percentage [Number of Referrals Accepted/Number of Referrals Not Accepted]

Service Title: Services Used or Sought	R 1 #RA	R 1 #RNA	R 1 RA%	R 2 #RA	R 2 #RNA	R 2 RA%	R 3 #RA	R 3 #RNA	R 3 RA%	R 4 #RA	R 4 #RNA	R 4 RA%	R 5 #RA	R 5 #RNA	R 5 RA%
Adult Family Home	0	3	0%	0	1	0%	0	4	0%	0	1	0%	0	3	0%
Assistive Technology and Adaptive Aids	3	0	100%	1	0	100%	3	0	100%	4	1	75%	0	0	N/A
Breaks and Opportunities Emergency	2	1	66%	2	1	66%	3	1	75%	0	0	N/A	2	0	100%
Breaks and Opportunities Planned	4	0	100%	4	0	100%	2	1	50%	2	1	66%	0	1	0%
Community Integration Connections and Skills Training	8	3	73%	0	0	N/A	7	5	58%	6	1	86%	2	0	100%
Community Transportation – Agency Paid Driver	8	4	66%	2	1	66%	2	4	33%	5	2	71%	2	1	66%
Community-Based Residential Services	0	0	N/A	2	0	100%	0	0	N/A	0	1	0%	2	0	100%
Housing Start-Up Assistance - Costs Other than Direct Service by Waiver Provider	0	0	N/A	0	0	N/A	1	0	100%	0	0	N/A	0	0	N/A
Housing Start-Up Assistance - Direct Service by Waiver Provider	0	0	N/A	0	0	N/A	1	0	100%	0	0	N/A	0	0	N/A
Independent Living Skills Training	1	0	100%	0	0	N/A	4	4	100%	1	1	100%	1	0	100%
Occupational Therapy	0	0	N/A	0	1	0%	0	0	N/A	0	0	N/A	0	0	N/A

Peer Specialist	0	0	N/A	2	2	100%	0	0	N/A	1	0	100%	0	0	N/A
Personal Assistance-Community	2	2	100%	1	1	**50%**	1	0	100%	3	1	**75%**	1	0	100%
Personal Assistance - Home	4	1	80%	1	1	**50%**	3	2	**60%**	4	1	80%	1	0	100%
Physical Therapy	0	1	**0%**	0	1	**0%**	0	1	**0%**	0	1	**0%**	1	0	100%
Positive Behavioral Supports	0	1	**0%**	0	1	**0%**	1	3	**25%**	0	2	**0%**	0	1	**0%**
Remote Support - Service	0	0	N/A	0	0	N/A	3	0	100%	2	0	100%	0	0	N/A
Remote Support - On-Call	0	0	N/A	0	0	N/A	1	0	100%	0	0	N/A	0	0	N/A
Speech and Language Therapy	0	1	**0%**	0	1	**0%**	0	1	**0%**	0	1	**0%**	0	0	N/A
Supported Employment - Individual - Discovery	0	0	N/A	1	0	100%	0	0	N/A	1	2	**33%**	1	0	100 %
Supported Employment - Individual Exploration	0	1	**0%**	1	0	100%	0	0	N/A	2	1	**66%**	0	0	N/A

Notes: CWP services not included in above table had no current authorizations in any region as of 6/30/22.
Referral acceptance rates influenced by CWP participant's choice of provider. Some providers may be available to accept referrals but not selected by a CWP participant.

Method Step #4:

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

During Q3, 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 sixty (60) days.

Based on all service initiations tracked and reported in Q3, the average length of time from referral acceptance to service start was forty (40) days with the range from one (1) to one hundred-eight (108) days.

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.

The number of projected new enrollments (by region) that are expected to occur during the upcoming month are calculated by the CWP Director.

Total New Enrollees Anticipated in Next Month:

Region 1: 21
Region 2: 14
Region 3: 25
Region 4: 16
Region 5: 25
Total Statewide: 101 [Target necessary to stay on pace to enroll 500 by 9/30/22]

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 given the existing CWP enrollees who are awaiting providers to accept their referrals for certain services (see Method Step #3), these needs are also incorporated into the table below.

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	3	41	7%	21	5	0	Yes
Adult Family Home	2	0	1	28	4%	14	2	0	Yes
Adult Family Home	3	0	4	42	10%	25	6	0	Yes
Adult Family Home	4	0	1	26	4%	16	2	0	Yes
Adult Family Home	5	0	3	11	27%	25	10	0	Yes
Assistive Technology and Adaptive Aids	1	3	0	41	7%	21	2	339	No
Assistive Technology and Adaptive Aids	2	1	0	28	4%	14	1	227	No
Assistive Technology and Adaptive Aids	3	1	0	42	2%	25	1	236	No
Assistive Technology and Adaptive Aids	4	1	1	26	8%	16	2	339	No
Breaks and Opportunities-Emergency	3	2	4	42	14%	25	8	0	Yes
Breaks and Opportunities-Planned	4	2	2	26	15%	16	4	28	No
Community-Based Residential	1	0	0	41	0%	21	0	0	No
Community-Based Residential	2	2	0	28	7%	14	1	2	No
Community-Based Residential	3	0	0	42	0%	26	0	0	No
Community-Based Residential	4	0	1	26	4%	16	2	3	No
Community-Based Residential	5	0	0	11	0%	25	0	2	No
Comm Int Conn and Skills Training	1	8	3	41	27%	21	9	20	No
Comm Int Conn and Skills Training	3	2	5	42	17%	25	9	24	No
Comm Int Conn and Skills Training	4	4	1	26	19%	16	4	29	No
Comm Int Conn and Skills Training	5	2	0	11	18%	25	5	92	No
Housing Start Up	3	1	0	42	2%	25	1	4	No
Independent Living Skills Training	1	1	0	41	2%	21	1	39	No
Independent Living Skills Training	3	2	4	42	14%	25	8	10	No
Independent Living Skills Training	4	2	1	26	12%	16	3	22	No
Independent Living Skills Training	5	1	0	11	9%	25	2	76	No
Personal Assistance-Community	2	1	0	28	4%	14	1	13	No
Personal Assistance-Community	3	1	0	42	2%	25	1	25	No
Personal Assistance-Community	4	2	0	26	8%	16	1	35	No
Personal Assistance-Community	5	1	0	11	9%	25	2	77	No
Personal Assistance-Home	2	1	0	28	4%	14	1	13	No
Personal Assistance-Home	3	1	0	42	2%	25	1	25	No
Personal Assistance-Home	4	1	0	26	4%	16	1	35	No
Personal Assistance-Home	5	1	0	11	9%	25	2	77	No
Positive Behavior Supports	5	0	1	11	9%	25	3	30	No
Peer Specialist Services	4	1	0	26	4%	16	1	8	No
Physical Therapy	5	1	0	11	9%	25	2	5	No
Remote Supports	3	1	0	42	2%	25	1	220	No
SE-Discovery	2	1	0	28	4%	14	1	13	No
SE-Discovery	4	0	2	26	8%	16	3	19	No
SE-Discovery	5	1	0	11	9%	25	2	30	No
SE-Exploration	1	0	1	41	2%	21	2	21	No
SE-Exploration	2	1	0	28	4%	14	1	23	No
SE-Exploration	4	2	1	26	12%	16	3	20	No
Community Transportation	1	8	4	41	29%	21	10	23	No
Community Transportation	2	0	1	28	4%	14	2	34	No
Community Transportation	3	1	4	42	12%	25	7	23	No
Community Transportation	4	3	2	26	19%	16	5	33	No
Community Transportation	5	3	1	11	36%	25	10	75	No
Work Incentive Benefits Counseling	5	1	0	11	9%	25	2	25	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:

The State's initial effort to collect the data necessary to meet this requirement was hampered by issues with the data collection tools that the State worked to resolve during Q3. While the State was able to collect and report data for Method #2 and Method #5 as described above, the lack of data for Method #3 and Method #4 results in the State being unable to fully assess the need for additional provider capacity.

The State released an RFP in June 2022 to recruit stand-by providers and, based on the data available, to address specific services by region where inadequate provider capacity appears to exist based on available data. These specific services include:

Adult Family Home	All Regions
Breaks and Opportunities (Unplanned/Emergency)	All Regions
Community Transportation (Paid Driver; Stand-Alone)	All Regions
Occupational Therapy	Regions 1-4
Personal Assistance-Home	Regions 2-3
Personal Assistance-Community	Regions 2-3
Positive Behavior Supports	All Regions
Physical Therapy	Regions 1-4
Speech Therapy	Regions 1-4
Supported Employment	Region 4

Conclusion:

The CWP ended the 3rd quarter on a positive note with a 73% increase in enrollments over the first two quarters. Support Coordinators are increasing their competencies with regard to the Person-Centered Planning process and Person-Centered Plans that meet quality standards. This is contributing to CWP participants getting more timely access to services and supports. However, the direct workforce crisis is still having a significant negative impact on the CWP, despite a variety of strategic efforts to address this unprecedented problem.

External partnerships are being strengthened through increased collaboration and cross training. The overall VR partnership is going extremely well. The DHR Protective Services and county hospitals are still often requesting residential services without understanding the availability of other services to help individuals remain with their families or other natural supports or potentially live in their own home. To address this, CWP leaders are also working closely with the DHR Protective Services and county hospitals across all regions to provide education on the CWP, its policy goals and practice approaches, and the range of available services.

During the final quarter of Fiscal Year 2022, efforts will continue in an effort to meet the enrollment goal of five hundred (500). ADMH/DDD regional staff will continue to assist with updating eligibility information to alleviate some of the delays that have occurred in the first three quarters. The waiting list continues to be pulled regularly in each county, and the need for eligibility updates has been identified for active intervention. Outreach will resume in the CWP counties for those on the waiting list that are ready for enrollment.

The RFP released in June 2022 will be scored, and additional providers are expected to be added to the provider network. The Provider Readiness tool will continue to be utilized to monitor the ability of providers to accept referrals and provide services. Regional staff will work closely with the Provider Network Manager to assess the acceptance and

denial rates of “Request for Providers” when participants select potential providers. These acceptance and denial rates will also be factored in when looking at the overall readiness and availability of providers.

The provider credentialing process will be implemented in Q4. Staff have been working closely with the CQL to develop the tools that will be used for credentialing, which will include participant satisfaction surveys.

Finally, efforts will continue both internally and externally to recruit and hire the most qualified applicants for job vacancies. It is anticipated that Support Coordination vacancies will be filled along with one Quality Enhancement position.

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 with regard to direct support staff assigned to work with them; and the provider has a strategic goal (and documented plan with evidence of implementation occurring) to increase the extent to which individuals served have choice with regard to direct support staff assigned to work with them. (3 Points)

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

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

Area IV. Support of Independent Living

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

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

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

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

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

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

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