Alabama Department
of Mental Health
connecting mind and wellness

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

Quarterly Monitoring Report

04/01/2023 – 06/30/2023

Contents

Introduction

The Alabama Department of Mental Health's Division of Developmental Disabilities (ADMH/DDD) continues to operate the Community Waiver Program (CWP) that was launched in November 2021. This report summarizes the activities, outcomes, challenges, and opportunities related to CWP during the third quarter (Q3) of the second operational year (Y2) April 1, 2023, to June 30, 2023.

During this quarter, ADMH/DDD's work to administer the CWP continued to focus on enrollments, the development of the first CWP waiver amendment including critical rate increases for most of the CWP services, and filling ADMH/DDD staff vacancies. Further, the annual Public Forum was held on May 3, 2023, and details can be found within this quarterly report.

ADMH/DDD continues to focus on meeting the enrollment goal of 500 by September 30, 2023. During Y2/Q3, fifty-one (51) additional individuals were enrolled into the CWP, bringing the total number of gross enrollments to 285. There were four disenrollments during Y2/Q3, which resulted in net total enrollment of 47 for Y2/Q3 and 281 for the program since inception. The enrollment rate for Y2/Q3 was comparable to enrollment numbers in Y2/Q2 and was again a significant increase from Y2/Q1. The total net enrollment number for Y2 is 108. The ADMH Regional Office staff responsible for enrollments continue to verify eligibility and complete enrollments into available program slots for each region and enrollment group. Increased efforts are planned for Y2/Q4 to reach the enrollment goal of 500 by September 30, 2023, which will require enrolling an average of 73 individuals per month.

ADMH's Human Resources Management (HRM) office continued work on the development of a new classification for the hiring of additional support coordinators to broaden the agency's ability to recruit qualified applicants. The required experience requirements under the existing classifications have restricted moving forward in the process with applicants. The reclassified positions will allow fewer years of experience to apply, while maintaining necessary educational requirements. The new classifications are expected to be implemented in Y2/Q4.

The new Provider Network Manager (PNM) mentioned in the Y2/Q2 report began work on April 3, 2023, and immediately began to build rapport with the network. Monthly provider meetings resumed in June 2023 and will continue to be held monthly. Providers are asked to provide agenda items for discussion in addition to those proposed by the PNM and other CWP leadership staff. Additionally, the Quality Assurance & Planning position (Credentialing Specialist) that was vacant since December 2022 was filled at the end of June 2023, and the new employee will start work on July 3, 2023.

During this quarter, responsibility for the Alabama Employment Community First (ECF) direct support professional competency-based training platform was transitioned to the Columbus Group, who manages all other provider network training for the CWP and the Tennessee Board of Regents, who hosts similar competency-based trainings available in Alabama's neighbor state, Tennessee. As a result, Alabama CWP direct support professionals may be eligible for one-time incentive payments for completion of the course. More information on this topic will be provided later in this report.

Finally, data analysis conducted in Y2/Q3 demonstrates that the competitive integrated employment rate among working-age individuals enrolled in the CWP has reached 17% after twenty-one (21) months of program operation. Increasing employment opportunities and participation is one of the key goals of the CWP, and these early outcomes indicate that the program is making a significant impact in this area. It should be noted that prior to the launch of the CWP, the competitive integrated employment rate in the legacy waivers were estimated at 2%, based on both service utilization data and National Core Indicators survey data. These very promising early outcomes are being used as a springboard for ADMH Employment Specialists to engage participants, their families, support coordinators and providers to further increase the rates of interest and participation in competitive integrated employment among CWP participants.

STC 41: Operational Updates

Operational Accomplishments
Below is a list of operational accomplishments ADMH/DDD achieved in Y2/Q3 of implementation of the CWP.

Outreach and Enrollment
There was a net total of 47 new enrollments in the CWP during Y2/Q3. This brings the total net enrollments in Y2 to 108. While some disenrollments are occurring, a comparison of the rate of disenrollment in CWP and the legacy waivers suggests similar trends across all three waivers. ADMH support coordinators continued to work with both 310s as well as ADMH regional office staff to ensure needed eligibility information is updated for those on the waiting list to facilitate enrollments. Increased efforts are planned for Y2/Q4 to achieve the targeted enrollment goal of 500 by September 30, 2023. The current waiting list will continue to be pulled in the eleven (11) CWP counties, and those who have been waiting for services the longest will continue to be contacted first. During these contacts, individuals/families will be asked about their interest in preserving their existing living arrangement, interest in obtaining/maintaining competitive integrated employment, or both. Individuals who desire to preserve their existing living arrangement and/or obtain employment will be made a priority for enrollment in the CWP.

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

CC

CC is a 24-year-old female who lives with her father and stepmother. CC does not use words to communicate, and prior to receiving CWP services she spent most of her time in her home with her stepmother. CC passed the time by using fidgets, string beads, watching television, and coloring, as opposed to getting out in her community and meeting new people. Since enrolling in the CWP, she has participated in community integration multiple times each week. Her family and the provider reports that CC is always excited about the new opportunities provided. She enjoys participating in bingo, arts, and crafts, touring museums, and going out to eat. She also attends Zumba and drum classes. CC enjoys interacting with other people outside of her home and making new connections.

SJ

SJ has always faced a unique challenge that consists of difficulty with articulation and unclear speech. However, fate intervened, and SJ discovered a life-changing program that would shape his future in unimaginable ways. With great determination and unwavering commitment, SJ eagerly embraced the services offered by the CWP program. SJ began working with a highly skilled speech therapist at United Ability and that collaboration proved to be nothing short of miraculous. Through countless dedicated therapy sessions, SJ's communication skills blossomed and flourished. SJ's clarity of speech improved to such an extent that he could now engage in direct conversations with his cousins, bypassing the need for interpretation by his mother. Empowered by this newfound ability, SJ's confidence continues to soar to unprecedented heights. His mother, who had always been a pillar of support, witnessed the remarkable progress firsthand. With renewed faith in her son's capabilities, she is now exploring self-directed opportunities that would further enhance his journey towards independence. Armed with the ability to express his needs and desires, SJ continues to venture out into the world, eager to explore and connect with others.

TS

At the age of 35, TS resided in the comfort of his family's home but yearned for more meaningful connections and experiences within his community. In April 2023, TS's life took a momentous turn when he embarked on a transformative journey with CWP services. With a personalized plan tailored to his unique needs, TS embraced a range of empowering CWP services that included Speech and Language Therapy, Community Integration Connections and

Skills Training 1:3, and Community Transportation with United Ability as the chosen provider. It was through these services that TS's true potential began to unfold. When the CWP support coordinator first met TS, he communicated primarily through gestures and body language. However, with the guidance and expertise of his dedicated therapist with United Ability, TS discovered the power of a communication board. Together, they embarked on a remarkable journey to enhance his communication skills, incorporating the use of this powerful tool. Not only did TS's therapist provide invaluable support, but his caregivers also gained knowledge on how to assist him effectively with the communication board. Through their collaborative efforts, TS's progress was nothing short of astonishing. The impact of the CWP services provided by United Ability on TS's growth and development cannot be overstated. He acquired new skills, his communication abilities flourished, and he was able to experience a world of new opportunities within his community.

MG (thanks from a mother)

MG is the mother of two individuals who receive services. She states the CWP has improved the quality-of-life for her children, AG and TG. She stated the support coordinator (SC) has done an outstanding job understanding the needs of those with ID and deaf blindness. The SC put together an interdisciplinary team for AG and TG. The team included people from the Alabama Institute for Deaf and Blind (AIDB), Helen Keller National Center (HKNC), CWP providers, interpreters (including tactile interpreter for AG), an advocate requiring American Sign Language (ASL), and a technology specialist. The SC made sure AG and TG were the center of their planning meetings and involved in the decision-making process.

TG began his services with a direct support professional (DSP) approximately 2 months ago. He has very limited language skills and was always afraid to go out of the house. His worker was able to decrease his anxiety, and he is now able to go out in his community without an issue. He went bowling for the first time since his head injury 4 years ago. Using a communication device, he is ordering and paying for his food at restaurants. He is using self-checkout at the grocery store. His hallucinations are completely gone. The worker with CWP has improved TG's overall quality of life.

AG enjoys using self-directed services and receives needed support to go out in the community, doing the things she enjoys, such as ordering food at restaurants and buying groceries. She is learning computer skills and can now send emails and texts. Her ASL has improved with her self-directed worker and sign language teacher working together. Her family is currently seeking a Braille teacher to continue improving her abilities to communicate. Since enrolling in the CWP, AG has met many friends by participating in community activities and with her self-directed worker at deaf community activities. She is now focused on obtaining a job and is working with VR and HKNC. Recently, AG spoke at a conference addressing barriers to communication in the community, and her presentation was very well received. The CWP has and will continue to greatly improve the quality of life for people.

CC

CC is a 20-year-old female that recently underwent extensive Spinal TLIF L1-L2 surgery. She has several medical diagnoses and needed total care and supervision after her surgery. Because of her diagnosis of Ehlers-Danlos syndrome, they anticipate a slow healing process. The surgery prevented her from lifting her arms or bending down as she recovers. At the time of enrollment into the CWP she lived at home with her parents. Unfortunately, the health of her parents recently declined, and they needed assistance promptly. She was quickly enrolled into the CWP, and several types of support services that are available under the CWP were put in place immediately. She is receiving personal assistance home and community; breaks and opportunities; respite; and assistive technology and adaptive aids. As a result of her expedited enrollment into the CWP coupled with immediate access to supports, she was able to remain in her home with her family. She is expected to make a full recovery from her surgery.

Most Utilized Services
At the end of Y2/Q3, the top ten most highly utilized services (i.e., most frequently authorized) across all five regions, in order of utilization, were:
- Support Coordination
- Community Integration Connections and Skills Training
- Community Transportation

- Independent Living Skills Training
- Self-Directed Personal Assistance – Community Personal Assistance – Community
- Employment Services
- Agency Personal Assistance – Home
- Self-Directed Community Transportation

These trends in utilization are consistent with the goals of the program including community integration, assisting people to be as independent as possible at home and in the community, leveraging assistive technology and aids, and supporting participation in competitive integrated employment.

Policy and Administrative Difficulties in Operating the Demonstration

Support Coordination Capacity

Staffing for FY23 continues to be a top priority for the CWP. Currently, the total number of ADMH/DDD-CWP support coordinators across the four regions is 18, with four vacancies. The Region II-310 support coordination agency has four staff with one full-time and one part-time vacancy. The data below reflects the staffing changes for Y2/Q3.

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

- **Region I (ADMH):** Currently, staffing consists of one support coordinator supervisor and four support coordinators, with no vacant positions. There were no resignations during the quarter and two new hires.
- **Region II (310 Agencies)**: Currently, staffing continues to consist of one supervisor and one support coordinator in each of the two counties in Region II. As it relates to vacancies, 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 (ADMH):** Currently, staffing consists of one support coordinator supervisor and two support coordinators, with two support coordinator vacancies to be filled. There were no resignations during the quarter.
- **Region IV (ADMH):** 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 and has selected a new hire but is awaiting a response of the job offer. There were no resignations during the quarter.
- **Region V (ADMH):** Currently, staffing consists of one supervisor, four support coordinators and one vacancy. There were no resignations during the quarter.

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

ADMH/DDD continues to address vacant positions and potential measures to increase the number of applicants for vacant positions. As previously mentioned, one planned change is the creation of a new classification for support coordination that will allow recent college graduates with limited experience to apply. Currently, the entry level support coordination position requires a minimum of two years of experience and as a result, the Division is struggling with finding interested applicants. The classification currently used for support coordination is one that has been utilized by the Human Services Division for a very long time and was never intended for a position where staff work directly with waiver participants. ADMH/DDD expects the new classification to be approved for utilization in Y3/Q1.

Further, to begin preparing for the additional enrollments projected for FY24, recruitment for support coordination supervisors will begin in Y2/Q4. The supervisors will be hired first so they can participate in the recruitment and employment of additional support coordinators that will be needed to adequately serve the additional 597 enrollments planned for year three.

At the end of Y2/Q3, the third Quality Assurance & Planning staff member (credentialing specialist) was hired and will begin employment on July 1, 2023. This position had been vacant since December 2022. This completes the provider network credentialing staff team. Three credentialing staff will cover the five regions. These staff are in Region I (North Alabama), Region IV (Central Alabama), and Region III (South Alabama). Providers will be assigned to credentialing staff that are located within a reasonable driving distance.

Enrollment Challenges

CWP enrollments have continued to be a priority. While the enrollments continue to lag, the program was able to "sustain" the momentum from Y2/Q2, again achieving more than 50 enrollments during the quarter. As previously discussed, some of the lag has been attributed to outdated eligibility information, due to lack of staff within the 310 agencies to update ICAPs. To address this ongoing issue, the Associate Commissioner of ADMH/DDD released a memorandum in May 2023, outlining important changes to ICAP requirement. Specifically, the completion of a new ICAP upon enrollment into the CWP and the requirement for an adult IQ for individuals previously determined eligible during the developmental period will be removed by Executive Order of the ADMH/DDD office. These changes are expected to streamline the enrollment process and lead to increased enrollment numbers.

A total of 51 individuals were enrolled into the CWP during Y2/Q3, with four people choosing to disenroll, which brought the total net enrollments for Y2/Q3 to 47. This contributed to a net overall total of 281 individuals enrolled in CWP services since program inception. During Y2/Q3, those who chose to disenroll made a voluntary choice to disenroll, and one moved out of state.

Provider Claims Approvals and Timely Provider Payments for Services Rendered

The ADMH/DDD fiscal office continues to address denied claims for CWP services. Following AMA's vetting of claims guidance, it was noted that many of the denied claims were a result of 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. AMA and DDD have worked together to have many CWP services exempt from TPL edit requirements. This has resulted in a substantial decrease in denied claims for TPL reasons. While there are still some claims denied for TPL, the number is much smaller, and the fiscal office continues to work with AMA for additional exemptions. Other denials discovered through the vetting process are often a result of billing errors by provider agencies and/or coding errors. The fiscal office reviews and addresses these daily. Overall, the fiscal office has seen a substantial decrease in denied claims. Those denied will continue to be assessed and addressed, and additional training will be provided to staff when necessary.

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

Self-Directed Services (worker recruitment)
Due to ongoing challenges families face to recruit self-direction workers to provide support services to their loved ones, ADMH/DDD has been working with its contractor, Applied Self-Direction, to create resources for staff, individuals, and families to address these challenges. A "Support Broker Toolkit" is being created, including specific content on how to find, recruit and hire self-direction workers, particularly if a participant doesn't already know someone interested in becoming their self-direction worker. The kit will cover three topics: recruiting, hiring, and managing. The information will be available via a written manual as well as recorded trainings. ADMH/DDD anticipates releasing this resource in Y2/Q4. More detailed information on the toolkit and the number of staff and individuals receiving the information will be included in the Y2/Q4 QMR.

Emergency Referrals
The CWP saw a decrease in referrals classified as emergencies during Y2/Q3. These referrals are reviewed with the CWP-Special Review Committee (SRC) for evaluation of the need for enrollment into Group 4 (which offers residential services including Adult Family Home, Community Based Residential Services, and Supported Living-Intensive Services). Most referrals continue to come from the Alabama Department of Human Resources and community hospitals. Out of the 26 cases reviewed, 12 were approved for enrollment in Group 4. Services available in this group include Community Based Residential Services (CBRS), Adult Family Home (AFH), and Supported Living. Those approved met the criteria for this level of care and were deemed suitable for CWP-Group 4 enrollment, indicating their needs could not be safely and adequately met in another setting.

When emergency referrals increased during Y2/Q2, the SRC scheduled a standing meeting every other week. This allows for timely review of the referrals for a decision regarding the appropriateness of enrollment into Group 4. Staff continue

to educate referral sources as well as families on other services available to individuals that would enable them to live in less restrictive environments and be more independent in their communities, and the SRC process ensures these alternatives are fully explored and utilized, if available, to prevent unnecessarily restrictive placement in residential services.

For those approved for Group 4, the assigned support coordinator works with providers to identify the appropriate service (with the options including Adult Family Home, Community Based Residential Services, and Supported Living-Intensive Services). Unfortunately, some individuals do wait for an option to be identified in the area where they live. These waits are similar to what is occurring in the legacy waivers and are primarily tied to the direct service workforce crisis impacting the entire system. The CWP Provider Network Manager is working diligently to identify CWP settings with vacancies and working with providers to develop new settings to meet the needs of those waiting for services. As discussed in the Provider Network Capacity section later in this report, ADMH/DDD is pursuing rate increases across most all CWP services through a CWP waiver amendment that is anticipated to be approved in demonstration Y3/Q1. This is expected to improve the availability of these options for those that need them. DDD also plans to release a new RFP with the increased rates which is expected to further address the wait times people are experiencing currently.

Key Achievements and Conditions or Efforts Attributed to Success

CWP Staffing
While the CWP has failed to achieve 100% employment among all needed positions, the third credentialing specialist was hired at the end of Y2/Q3. This position had been vacant since December 2022. This will be a tremendous addition to the work of the credentialing specialist staff as they continue to fine tune and implement the credentialing process and tool for the CWP. The new staff member has a long history of work with people with disabilities and brings a wealth of knowledge to the position.

Additionally, the CWP employed two additional support coordinators for Region I, which completes the staffing for this region. Unfortunately, the CWP lost two support coordinators in Region III. These resignations were a result of staff accepting other positions within ADMH, including one accepting the position of Provider Network Manager for the CWP.

As noted previously in this report, plans are to finalize the new Human Resource classification for support coordinators in Y2/Q4 so these can be utilized going forward, which ADMH/DDD anticipates will attract more qualified applicants for the CWP support coordinator positions.

Provider Network Successes
During Y2/Q3, the provider network increased with the addition of two agencies, bringing the overall total to 49. The two additional providers were approved to serve individuals in Group 4 for Community Based Residential Services (CBRS) services in Region II/Tuscaloosa and Region III/Mobile.

The new provider network manager (PNM) officially began his new position on April 3, 2023. The position was vacated in November 2022 due to the previous employee accepting a position with another agency. The new PNM previously worked as a support coordinator. He resumed monthly provider agency meetings as well as updating spreadsheets that track provider locations, services, capacity, etc. The agenda for the monthly meetings include updates from support coordination leadership, credentialing specialists, and the fiscal office. Providers are given an opportunity to add items for discussion to the agenda.

Early into the position, the PNM had to work closely with the Columbus Organization to shift the Alabama ECF training to a new learning management system platform. The PNM along with other DDD leadership were able to get this change in place in a short amount of time which resulted in minimal disruption to the ECF training for new enrollees and existing participants, and a new, positive partnership with the Tennessee Board of Regents (community and technical college system). This occurred after pre-existing relationships with Alabama educational institutions were unable to provide the appropriate platform for these trainings.

Ensuring Fully Trained Direct Support Professional Workforce for the CWP

During the quarter, The Columbus Group (TCG) met with Relias representatives to discuss the development of Independent Living Skills and Family Empowerment courses on their platform. TCG also met with the National Disability Institute (NDI) to discuss the development of the same courses for a comparison cost. Housing counseling is another service that TCG is considering for a virtual platform. Due to the new partnership between TCG and the Tennessee Board of Regents, DDD will ask TCG to explore expansion of virtual training options (initially provided live) with the Tennessee Board of Regents to standardize the online platform used. There were no live trainings offered during this reporting period. TCG is contracted to continue their work with the CWP for the remainder of the current year and going forward in FY24.

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

During the reporting period, the credentialing specialists worked on adjustments to the Remediation Plan for the Credentialing Process. Changes are ongoing, and credentialing staff continue to work with CQL and leadership to establish best practices. Once any changes have been finalized with the process, an update will be provided to AMA.

Initial meetings were conducted with providers in all five ADMH/DDD regions. These initial meetings introduced the credentialing team to the agencies and explained the CWP credentialing process. Further discussions addressed future meetings that would be held with agency staff and waiver participants to gather the information needed for credentialing. Agencies were given access to their private Microsoft Teams channel so they could review information that was collected and upload requested documentation utilizing the approved CQL Credentialing workbooks. The visit workbooks include summaries of the targeted conversations with individuals receiving CWP services and the staff employed by the agency.

Throughout Y2/Q3, multiple targeted conversations and focused group meetings/interviews were conducted. Agencies participating included: The Arc of Madison County (Region I), Tri County Aid (Region II), Ability Alliance of West Alabama (Region II), Community Options (Region V), Arc of Central Alabama (Region V), Arc of Walker County (Region V), Arc of Tuscaloosa (Region II), Volunteers of America Southeast (Region III), Scott Residential (Region III), Saad Enterprises, Inc. (Region III), Rainbow 66 Storehouse (Region IV), SmartSolutions (Region V), Glenwood (Region V), ADMH SCs (Region I, III, IV, & V), Night Owl Support Systems (All Regions), Statewide Healthcare dba Help@Home (All Regions), and SafeinHome (All Regions).

Agencies past the initial meeting were responsible for uploading documentation to support performance indicators during the quarter. Credentialing specialists reviewed all uploaded documentation for indicator completion. Credentialing specialists and providers also participated in documentation review meetings utilizing the workbooks to create plans of alignment and plans of excellence for the identified performance indicators for the credentialing year. Credentialing specialists provided any needed technical assistance to providers to ensure progression with the Credentialing process and service provision. Fourteen CWP satisfaction surveys were conducted during the quarter. Providers continue to report they enjoy the collaboration and transparency with the credentialing process. Performance Measures were reviewed with the Director of Quality Assurance and CQL and adjustments to workbooks and processes were recommended to ensure the measures are captured during credentialing.

Bi-weekly meetings with CQL are held to review and discuss the credentialing process for any barriers or successes. CQL and ADMH credentialing staff have an ongoing list of potential adjustments and areas for review to continue to improve upon processes. The credentialing leadership team participated in weekly check-in meetings to review any updates with the CWP and discuss the ongoing credentialing processes.

Providers will continue to receive updates and information during work with credentialing staff as well as during monthly scheduled provider meetings.

Collaboration with Alabama Department of Vocational Rehabilitation (ADRS)

The partnership between ADRS and ADMH remains positive. There were no significant challenges or issues addressed during the reporting period. During Y2/Q3, there were a total of 10 referrals made to VR. Some referrals are in the

beginning stage of meeting with a VR Counselor and working through eligibility, while others are choosing their employment service providers.

Data from Y2/Q3 employment assessments updated quarterly for CWP participants and verified by ADMH Employment Specialists demonstrated the competitive integrated employment rate among working-age individuals enrolled in the CWP reached 17% after just 21 months of program operation. Increasing employment opportunities and participation is one of the key goals of the CWP and these early outcomes indicate the program is making a significant impact in this area. ADRS collaboration has been instrumental in facilitating these outcomes.

CWP leadership and ADMH Employment Specialists continue to encourage support coordinators to discuss and promote employment with those receiving CWP services. Employment remains a goal that results in prioritization for enrollment into the program. Employment Specialists assist support coordinators upon request.

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

There were no incidents reported in the CWP for Y2/Q3. As discussed in the last QMR, currently, in the IPMS system being utilized (Therap) there is not a simple method to sort incidents by waiver. The ADMH/DDD Quality Assurance staff therefore put a process in place to analyze the incident data input in Y2/Q3 to ensure all incidents are being properly attributed to the correct waivers. This is done by reviewing a manual tracker kept by the regional incident managers that includes a column for what waiver the person identified in the incident receives services under. A monthly review of this tracker reveals data is now available to consistently identify the waiver type for each incident.

Administrative Code
In Y2/Q3, Administrative Code §580-5-30-.16 was certified and officially published on June 2, 2023. This section addresses the procedures and due process associated with the new Alabama Department of Human Services' abuse registry created due to the enactment of Shirley's Law. ADMH/DDD will submit the names of people where allegations of abuse, neglect, mistreatment, and/or exploitation are substantiated as defined in the code. Before submission of their name for inclusion on the registry, the "suspected person" will be provided notice by ADMH and entitled to an appeal process. If they choose not to appeal, their name will be submitted for inclusion on the registry. Otherwise, submission for inclusion will be based on the results of the appeal process. Providers will be required to check the registry for potential employees upon hire and annually thereafter. Additional guidance will be developed in the form of Operational Guidelines for providers in Y2/Q4 and Y3.

Identified Beneficiary Issues and Complaints
There were no formal beneficiary issues or complaints filed during Y2/Q3.

Lawsuits and or Legal Actions
There were no lawsuits or legal actions related to the CWP for Y2/Q3.

Legislative Updates

The following developmental disability bills passed during the 2023 Regular Legislative Session and were signed into law:

- **HB 122 (Act 2023-366), Wood-R,** prohibits discrimination against individuals with a disability when receiving an anatomical gift or organ transplant based on his or her disability.
- **HB 141 (Act 2023-112), Ellis-R,** authorizes disability insurers to offer paid family leave benefit policies.
- **HB 356 (Act 2023-354), Hulsey-R,** requires each law enforcement officer to complete a sensory training to assist individuals with sensory needs or "invisible disabilities."
- **SB 55 (Act 2023-134), Orr-R,** "The Colby Act," which provides for supported decision making agreements as an alternative to guardianship or conservatorship.
- **SB 56, Orr-R (Act 2023-527),** Requires the installment of video cameras in certain classrooms providing special education services. Note, this bill passed the legislature, but is not yet signed by the Governor.

Unusual and Unanticipated Trends

There were no unusual or unanticipated trends for Y2/Q3.

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

The Post Award Public Forum for year two (Y2) was held on May 3, 2023. One session was held at 10am and a second session at 1pm. These forums were held virtually and hosted by the Alabama Medicaid Agency. ADMH's CWP Director presented a PowerPoint presentation overviewing the progress of the CWP, which included current enrollment numbers and performance highlights from both year one and the current year. The presentation also included information on additional slots that will be added to the waiver beginning in year three and the positive impact on the state's waiting list for services. The presentation ended with a summary of success stories of CWP participants. Attendees had the opportunity to submit comments via email and Webex chat box.

Overall, the participants feedback was positive. Generally, the public is pleased that the CWP has the potential to eliminate the waiting list in the eleven demonstration counties while also providing services that support people working and living as true citizens of their communities, keeping families together, providing services to support transition from school, and an expansion of self-directed service options. There was some expressed concern relating to affordable housing, access to transportation and the availability of CWP providers to meet service needs. ADMH/DD recognizes the challenges that were presented and is dedicating funding to address the ongoing housing crisis in our state for people with disabilities as well as developing a diverse workgroup to identify solutions. Further, ADMH/DD addresses provider capacity on a daily basis. Not only did the CWP launch during a pandemic, but also at a time when the Country is experiencing a worker shortage among Direct Service Professional (DSPs). ADMH/DD continues to address the shortage by assembling workgroups to plan alternative options to direct staff care through assistive technology and remote support. Also, ADMH/DD has provided increased funding through permanent rate increases to boost hourly wages for DSPs. Transportation is an ongoing challenge for many individuals and families, and ADMH/DD continues to assess transportation gaps in CWP counties. ADMH/DD proposed an increase in the rates for this service in a pending CWP amendment.

Along with general gaps in service delivery due to the worker shortage, concern was also expressed related to specialized service providers to meet the needs of children, and in some cases adults, with intensive behavioral concerns. ADMH/DD acknowledges that there is a need for more specialized providers to meet the needs of families whose loved ones have significant behavioral challenges. As a result, ADMH/DD has contracted with external subject matter experts to provide support to both participants and provider agencies that support these individuals. In addition, ADMH/DD is working to bring other subject matter experts to Alabama to increase resources for participants, families, and provider agencies.

This year, ADMH/DD received feedback that the public forum needs better marketing/advertising to ensure that people are aware of the scheduled event as well as the timelines for presenting comments following the event. ADMH/DD will work with AMA to promote future public forums that clearly provide information on the process to submit comments along with timelines for submission.

Finally, there were a small number of comments related to CWP services. Specifically, one participant commented that information regarding the waiver and services should be presented to families in an understandable manner so they can better plan for and obtain access to all services under the waiver. ADMH/DD recognizes the complexity of the CWP and will continue to work with staff, including support coordinators, to ensure they are providing enough clear and detailed information for participants to make informed choices on needed wavier services. Other questions related to services centered around specific services such as adult foster homes. The CWP does include a similar service, adult family home. ADMH/DD is continuing to work to get approved providers of this service in place. ADMH/DD identifies the potential of this service to provide alternative options to traditional group homes, which is the only option in the ID waiver.

The forum closed with questions related to moving from the waiting list into services and when the CWP might be expanded into other counties of the state. The CWP Director provided his direct telephone number for any participant with questions following the forum and stated that no expansion was expected during the five-year demonstration period.

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 Q3 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 net enrollments for the reporting period.
Denominator: Total targeted net enrollments for the reporting period.

Data Collection Methodologies: Enrollments are pulled monthly by AMA and provided to ADMH IT staff for comparison to ADIDIS. IT staff send the information to the ADMH/DDD data analyst. These enrollments are compared to the enrollments entered into a tracker maintained by the waiver administrator staff. Disenrollment is subtracted from gross enrollments to determine net enrollments for both the quarter and net enrollments since inception of the waiver. A report summarizing enrollments during the reporting period is taken from the tracker to obtain the numerator. The denominator is based on the table below illustrating the Anticipated Pace of Enrollments, which corresponds with each quarterly and the first annual STC reporting periods.

	Total Targeted Net Enrollments Statewide	% of Targeted Net Enrollments for Year 2	Program Inception to Date Net Enrollment Goal
Y2/Q1	81	25%	254
Y2/Q2	82	25%	336

Y2/Q3	(81)	25%	417
Y2/Q4	83	25%	500

Data for the Reporting Period:

Total Net Enrollments for the Reporting Period	Total Targeted Net Enrollments	Performance
47	81	58%

Data for the Demonstration Year to Date (Y2):

Total Net Enrollments for the Reporting Period	Total Targeted Net Enrollments	Performance
108	244	44%

Data for the Demonstration Since Inception:

Total Net Enrollments for the Reporting Period	Total Targeted Net Enrollments for Program Since Inception	Performance
281	417	67%

Data Discussion:
Enrollments into the CWP did not meet the anticipated pace for targeted number of enrollments of 81 for Y2/Q3 due to continued challenges with missing and out-of-date eligibility information for people on the waiting list. Through research of waiver policy and administrative rules, some expectations were determined to not be policy requirements. This has begun to allow for the rates of enrollment to increase and this is expected to continue with much greater impact in Y2/Q4 and subsequent quarters.

Net enrollment of 417 was not achieved, as at the end of Y2/Q3, there were 281 people actively enrolled on the waiver.

The net enrollments for Y2/Q2 by region, county and enrollment group are as follows:

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

Region 4	Montgomery	0	0	0	0	0	0	0
	Elmore	0	0	0	0	0	0	0
	Houston	0	0	0	0	0	0	0
Region 5	Jefferson	0	0	0	0	0	0	0
April 2023 TOTAL:		0	0	1	4	0	0	

| | | | | | | | Apr-23 Net Total | 5 |
| | | | | | | | Apr-23 Gross Total | 5 |

Demonstration Month & Region	Counties	Enrollment Group:						
May-23		Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Disenrollments	NET
Region 1	Madison	0	1	1	1	0	1	2
	Morgan	0	0	0	0	0	0	0
	Limestone	0	0	0	0	0	0	0
Region 2	Tuscaloosa	0	1	3	0	0	0	4
	Walker	0	0	0	0	0	0	0
Region 3	Mobile	0	0	2	2	0	1	3
	Baldwin	0	0	1	1	0	0	2
Region 4	Montgomery	0	1	3	0	0	0	4
	Elmore	0	0	4	0	0	0	4
	Houston	0	0	4	0	0	0	4
Region 5	Jefferson	0	0	0	0	0	0	0
May 2023 TOTAL:		0	3	18	4	0	2	

| | | | | | | | May-23 Net Total | 23 |
| | | | | | | | May-23 Gross Total | 25 |

Demonstration Month & Region	Counties	Enrollment Group:						
Jun-23		Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Disenrollments	NET
Region 1	Madison	2	2	7	0	0	0	11
	Morgan	0	0	1	0	0	0	1
	Limestone	0	0	0	0	0	0	0
Region 2	Tuscaloosa	0	0	1	0	0	0	1
	Walker	0	0	0	0	0	1	-1
Region 3	Mobile	0	0	0	1	0	0	1
	Baldwin	0	2	1	0	0	0	3

Region	Counties							
Region 4	Montgomery	0	0	0	0	0	1	**-1**
	Elmore	0	0	0	0	0	0	**0**
	Houston	0	0	0	0	0	0	**0**
Region 5	Jefferson	1	0	3	0	0	0	**4**
June 2023 TOTAL:		**3**	**4**	**13**	**1**	**0**	**2**	

Jun-23 Net Total	**19**
Jun-23 Gross Total	**21**
Y2/Q3 Net Total	**47**
Y2/Q3 Gross Total	**51**

Region	Counties	Enrollment Group:					
		Gr 1	**Gr 2**	**Gr 3**	**Gr 4**	**Gr 5**	**TOTALS**
Region 1	Madison	3	13	26	4	0	**46**
	Morgan	0	2	8	0	0	**10**
	Limestone	0	3	5	0	0	**8**
Region 2	Tuscaloosa	0	11	34	1	0	**46**
	Walker	0	6	13	2	0	**21**
Region 3	Mobile	3	11	18	10	0	**42**
	Baldwin	0	10	17	5	0	**32**
Region 4	Montgomery	1	2	15	0	0	**18**
	Elmore	0	1	7	0	0	**8**
	Houston	0	3	10	0	0	**13**
Region 5	Jefferson	2	2	28	5	0	**37**
	Group Enrollment TOTALS:	9	64	181	27	**0**	**281**

Program Goal #A2: Support participation in competitive integrated employment by CWP participants

Metric #1: Percentage of working-age CWP participants who enrolled with a goal to obtain or maintain competitive integrated employment

Numerator: Total CWP gross enrollments, ages 14-64, with enrollment priority for obtaining or maintaining competitive integrated employment.

Denominator: Total CWP gross enrollments, ages 14-64, for the reporting period.

Data Collection Methodologies: When enrollments are entered by the regional office wait list coordinator, the ADIDIS "Demographics" screen is also filled in using data from the CWP Waitlist Details Database, including the enrollment priority category. ADMH/DDD is using this demographics screen data in ADIDIS for this metric, which tracks each CWP enrollee's Enrollment Priority Category selected from the following options:

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

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

Using the enrollment report provided by AMA, enrollment priority categories as listed above are added to the report. This report summarizing all new enrollments, for individuals ages 14-64, during the reporting period is used to obtain the denominator.

Data for the Reporting Period:

Total CWP enrollments, ages 14-64, with enrollment priority for obtaining or maintaining competitive integrated employment	Total CWP enrollments, ages 14-64, for the reporting period	Performance
20	48	42%

Data for the Demonstration Since Inception:

Total CWP enrollments, ages 14-64, with enrollment priority for obtaining or maintaining competitive integrated employment	Total CWP enrollments, ages 14-64, for the reporting period	Performance
150	285	53%

Discussion:
During the quarter, three of the 51 enrollees were outside of the 14-64 age range. Of the 48 in the 14-64 age range, 20 enrollees, or 42%, expressed interest in obtaining and maintaining competitive integrated employment. 15 of those in the data set only identified they wanted to preserve their existing living arrangement. 10 required residential services through a Group 4 enrollment. 3 enrollees did not have a priority categories documented in the information system.

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
261	281	93%

Data Discussion:
Overall, since the program opened, 93% of CWP enrollees are currently being supported to sustain family/natural living arrangements or live independently. This compares favorably to historical outcomes in the legacy waivers, which show that through 2019, less than half of people with IDD served by these waiver programs were living in their family home with virtually none living in their own home.[1]

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

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

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

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

Data Collection Methodologies: Regional office fiscal managers enter service authorizations into ADIDIS from Person-Centered Plans for CWP participants, previously entered into ADIDIS by support coordinators. The denominator is generated by AMA's report on the current list of participants at the end of the quarter. For this list of CWP participants, a service authorizations report is then run, as of the last day of the reporting period, for all CWP service types that can be self-directed. The total number of CWP participants with one (1) or more CWP service types that can be self-directed authorized constitutes the denominator.

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

Data for the Reporting Period:

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

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

49	135	36%

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. More than one in three CWP participants were using self-direction, as of the end of Y2/Q3. CWP support coordinators continue to receive training on self-direction. Recent training is being focused on specific strategies to assist CWP participants to find self-direction workers when they do not have workers readily identified. This is anticipated to further increase the use of self-direction in the CWP over this demonstration year. ADMH/DDD also engages in continued contract oversight with the Financial Management Services Agencies (FMSAs) to ensure their immediate readiness to serve CWP participants who choose to self-direct.

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

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

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

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

Denominator: Total gross CWP enrollments during the reporting period.

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

Data for the Reporting Period:

Total new CWP enrollees during the reporting period who qualified for and/or first received Medicaid coverage because of CWP enrollment	Total gross CWP enrollments during the reporting period	Performance
0	51	0%

Data for the Demonstration Since Inception:

Total new CWP enrollees during the reporting period who qualified for and/or first received Medicaid coverage as a result of CWP enrollment	Total gross CWP enrollments during the reporting period	Performance
8	285	3%

Data Discussion:

During Y2/Q3, no one enrolled needed to acquire Medicaid coverage that they qualified for by enrolling in the CWP. Thus far, only 3% of all enrollees have obtained Medicaid coverage as a result of enrolling in the CWP.

C. Data demonstrating quality of care

Program Goal #C1: Ensure high CWP participant satisfaction

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

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

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

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

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

Data for the Reporting Period:

Total CWP participants surveyed during quality monitoring activities conducted during the reporting period whose measured satisfaction with the CWP is at least 85%	Total CWP participants surveyed during quality monitoring activities conducted during the reporting period	Performance
9	14	64%

Data for the Demonstration Year to Date:

Total CWP participants surveyed during quality monitoring activities conducted during the reporting period whose measured satisfaction with the CWP is at least 85%	Total CWP participants surveyed during quality monitoring activities conducted during the reporting period	Performance
13	20	65%

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. Fourteen surveys were completed during this quarter. Five of the respondents had satisfaction ratings under 85%, resulting in only nine of the 14 surveys being included in the numerator. This equates to 64% performance in Y2/Q3. These individual surveys are shared with the support coordinators to follow up on any needs identified during the credentialing

survey process. ADMH/DDD anticipates being able to report a larger data set on this metric in subsequent 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	281	0%

Data Discussion:
In Y2/Q3 there were no grievances or appeals filed with the ADMH/DDD Office of Appeals and Constituency Affairs. Note: The goal is 0% on this metric, which represents optimal performance. If total participants not filing a grievance and/or appeal were measured, performance would be 281 out of 281 total participants or 100%.

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

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

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

Numerator: Total CWP participants as of the last day of the reporting period with created Person-Centered Plans who are receiving all CWP services* in settings that are not provider owned or controlled**.

All CWP services is defined as all CWP services on the Person-Centered Plan except:

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

**Provider owned or controlled settings are defined for purposes of the CWP 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 Person-Centered Plans created during the quarter.

Data Collection Methodologies: Regional office fiscal managers enter service authorizations into ADIDIS for Person-Centered Plans created during the quarter that have been entered into ADIDIS by support coordinators.

The denominator is generated by using AMA report of unduplicated participants as of the last day of the quarter and running a report from the ADIDIS CWP Participant File for those on AMA's report to identify those with PCP created during the quarter.

For the numerator, a service authorization report will be run for each CWP participant included in the denominator. The two authorizations below will be identified. Once this is determined, those with either of these two authorizations will be removed from the overall count to determine the numerator.

- Community-Based Residential Services
- Adult Family Home

Data for the Reporting Period:

Total CWP participants, as of the last day of the reporting period, with a Person-Centered Plan created during the reporting period, who are receiving all CWP services* in settings that are not provider owned or controlled**	Total CWP participants, as of the last day of the reporting period, with a Person-Centered Plan created during the reporting period.	Performance
41	44	94%

Data for the Program Since Inception:

Total CWP participants, as of the last day of the reporting period, with a Person-Centered Plan created during the reporting period, who are receiving all CWP services* in settings that are not provider owned or controlled**	Total CWP participants, as of the last day of the reporting period, with a Person-Centered Plan created during the reporting period.	Performance
244	259	94%

Data Discussion:
Of the 259 participants with created PCPs since inception of the waiver, only 15 individuals are receiving services in settings that are provider owned and/or controlled. This represents 94% of current participants living with family or other natural supports or living independently who have created Person-Centered Plans.

STC 41: Budget Neutrality and Financial Reporting Requirements
As of the end of the third quarter (Y2/Q3) of fiscal year 2023, there are no Group 5 individuals placed. The Y2/Q3 CWP-1115 Budget Neutrality Workbook has been sent to the AMA.

STC 48: Evaluation Activities and Interim Findings
STC 48 requires the State to submit to CMS a draft evaluation design, due no later than one hundred eighty (180) days after CMS's October 21, 2021, approval of the demonstration. Health Management Associates (HMA), the State's independent evaluator, completed the draft evaluation design, which was submitted to CMS on April 19, 2022. During

Y1/Q3, CMS reviewed the design and provided recommendations for the State to consider. The Evaluation Design was approved by CMS on December 6, 2022.

During this quarter, the State's independent evaluator, Health Management Associates (HMA) collaborated with the State to test and further refine administrative data queries to improve reliability and validity in the data reports.

Additionally, HMA worked with the state to improve participation in the provider survey. This survey collects data for Measures M22, Self-reported provider agency stability, and M23, Provider Stability Indicators. Previously, the state recruited heavily amongst both the legacy and CWP provider networks and offered a financial incentive for survey participation to all providers for completing the survey. All eligible CWP providers delivering services under the demonstration responded, but the original sample of legacy providers was too small for a valid comparison. The state has leveraged multiple recruiting efforts, continues to incent participation, and has now recruited several additional legacy providers delivering services in CWP counties. The cumulative amount of data to be aggregated from the broader group of responding providers will now be more representative of the size of the population served and will provide for a more statistically valid comparison.

STC 30: Preferred Provider Selection

Preferred Provider Network

In the CWP, ADMH/DDD recruits providers for specific CWP services and regions, based on three factors:
1. The need to offer choice of at least two providers for each service to CWP participants.
2. The need for additional provider capacity based on referral acceptance rates and service initiation timeframes for each specific service experienced by existing CWP participants.
3. The need for additional provider capacity based on anticipated demand for each service among the anticipated new enrollments into the CWP.

This allows the State to manage provider network capacity in a way that reflects CWP enrollees' desires for services, as determined through a conflict-free person-centered assessment and planning process. As compared to a network management strategy requiring the State to contract with any willing provider for specific CWP services and regions, regardless of whether additional provider capacity is needed, the approach used in the CWP prevents unbalanced provider capacity from developing that leads to excess capacity in certain services, thus influencing the identification of services in participants' person-centered planning processes. Instead of being based on participants' defined outcomes and assessment of related needs, identification of services can instead be driven too much by the services willing providers desire and do not desire to offer. The CWP's ability to limit, while maintaining the adequacy of, the provider network seeks to address this issue and avoid over-utilization of certain services based on provider preference to provide, rather than a conflict-free person-centered assessment and planning process. Secondly, when a state must contract with any willing provider, the number of providers enrolled for a 1915(c) waiver can become too high for the state to adequately and effectively oversee, forcing too many resources of the state oversight agency to go to basic enrollment and compliance monitoring rather than true quality assurance and improvement work. For example, most of ADMH/DDD staff's time for managing the legacy waiver provider network has gone to addressing compliance issues with poor performing providers, leaving little to no time to work with better performing providers on quality improvement and innovation. Over time, this has created a natural tendency for ADMH/DDD to establish more rules and restrictions on flexibility in response to the focus on poor performing providers. Thirdly, when there are more providers than are needed to meet participant demand, all participating providers receive fewer referrals than needed to operate effectively and efficiently, particularly when a waiver program is smaller in size. This can compromise the success of all providers. Lastly, increasing the number of provider agencies in a waiver provider network does not automatically translate into more DSP availability, which is the real key to increasing the availability of services. Instead, it can mean, particularly in the current workforce crisis, that more provider agencies subsequently compete for the same limited pool of workers, again compromising the sustainability of all provider agencies as an unintended result.

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

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

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

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

Strategic steps identified at the end of demonstration Y1 are being taken in Y2 to ensure ADMH/DDD can secure the necessary providers for all services in the CWP, including stand-by providers. 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 Y1 of the demonstration.

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

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

The State is reporting the results of its provider network capacity monitoring process in this quarterly monitoring report per requirements of the approved CWP Waiver. The data utilized includes information for Y2/Q2.

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/Q2, there were 49 providers collectively providing 33 CWP services across the five regions. During Y2/Q3, the provider network increased with the addition of two CWP providers for residential services, who were necessary to recruit for emergency enrollments. These providers were added outside of the RFP process because the most recent RFP did not yield a sufficient number of new providers for emergency enrollments.[3] The existing providers approved to deliver this service did not have the capacity to meet the need for this service. After the pending CWP amendment, including rate increases to most all CWP services, is approved by CMS, an RFP will immediately be issued with the intent to fill any and all provider network gaps and to recruit a full range of standby providers.

Method Step #2:
By region, the State will assess existing providers' prospective capacity to accept additional referrals for each service.
Existing CWP providers' reports on prospective capacity for Y2/Q3 are summarized in the chart below. The numbers provided include information collected from providers in June 2023 to identify their prospective capacity in July 2023.

Providers' Reported Capacity to Accept New Referrals in Quarter 4 Month #1 of Demonstration Year 2 (July 2023)	REGION 1 TOTAL	REGION 2 TOTAL	REGION 3 TOTAL	REGION 4 TOTAL	REGION 5 TOTAL
CWP SERVICE					
Adult Family Home	0	0	0	0	0
Assistive Technology and Adaptive Aids	9	0	0	0	0
Breaks and Opportunities (Respite)	0	0	10	5	0
Community Integration Connection and Skills	12	6	10	12	38
Community Transportation	12	6	1	10	24
Community-Based Residential Services	0	1	0	0	2
Employment Supports - Co-Worker Supports	0	9	0	0	24
Supported Employment - Individual: Career Advancement	0	4	4	2	30
Supported Employment - Individual: Support Discovery	2	4	4	6	30
Supported Employment - Individual: Exploration	2	13	0	12	30
Supported Employment - Individual: Job Coaching	8	4	4	10	30
Supported Employment - Individual: Job Development Plan	8	7	4	11	30
Supported Employment - Individual: Job Development	8	10	4	13	30
Supported Employment - Integrated Employment Path	4	10	0	10	30
Supported Employment Small Group	3	0	0	0	33
Family Empowerment and System Navigation Counseling	0	10	10	0	33
Financial Literacy and Work Incentives Benefits Counseling	25	14	14	20	30
Housing Counseling Services	1	12	2	2	27
Housing Start-Up Assistance	1	12	2	2	27
Independent Living Skills Training	4	16	0	5	35
Minor Home Modifications	0	10	0	0	5

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[3] Ibid.

Natural Support of Caregiver Education and Training	0	0	0	0	20
Occupational Therapy	0	0	0	0	4
Peer Specialist Supports	0	0	0	0	20
Personal Assistance Community	6	6	5	10	30
Personal Assistance Home	4	6	5	10	30
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	0	0	0	0	0
Skilled Nursing	0	0	0	0	20
Speech and Language Therapy	0	0	0	0	4
Supported Living Services	0	0	0	0	20

Method Step #3

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

During Y2/Q3, the COVID-19 public health emergency continued nationwide through May 11, 2023. 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/Q3 is included in the table below:

	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5	TOTAL
Total Referrals Accepted	105	46	219	45	16	431
% of Total Referrals Accepted that were for Support Coordination	31.43%	32.61%	29.68%	51.11%	25%	32.5%
% of Total Referrals Accepted that were for Other Services	68.57%	67.39%	70.32%	48.89%	75%	67.5

The referral acceptance rate, as reported through the ADIDIS case management system, is not being reported due to continued issues with the ADMH/DDD "ADIDIS" information technology system (slated for replacement in FY24) and the impact on the completeness and validity of the data. However, data was collected directly from all support coordinators, as of the end of Y2/Q3, to identify the number of CWP participants waiting for referrals to be accepted:

	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5	TOTAL
Total # Enrolled 60+ Days	55	54	58	32	38	237
# Waiting for Referral Acceptance for One or More Services	8	16	19	4	5	52
% Waiting for Referral Acceptance for One or More Services	14.5%	29.6%	32.7%	12.5%	13.1%	21.9%
% Not Waiting for Referral Acceptance	85.5%	70.4%	67.3%	87.5%	86.9%	78.1%

ADMH/DDD continues to address issues with ADIDIS functionality but has determined that ADIDIS cannot be modified to fully address the issues. The new system being developed to replace ADIDIS in FY24 will have the functionality required to track referrals made and accepted in a better way that is specifically aligned with STC 30 requirements.

Method Step #4:

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

During Y2/Q3, the COVID-19 public health emergency continued nationwide through May 11, 2023. 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/Q3, the average length of time from referral acceptance (as reported by the provider) to service start was 26 days with the range from 0 to 142 days. This is a significant reduction from Y2/Q2 when the average length of time was 85 days. In year one of the demonstration, the average service initiation delay was 49 days with the range from 1 to 158 days. It is acknowledged that there continues to be challenges with providers accepting referrals but once accepted, it appears services are increasingly timelier in terms of when they begin.

Method Step #5:

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

Problems with Method Steps #3 and #4, as explained above, continued to impact the State's ability to accurately report the number of CWP participants waiting for specific services, which is part of the data utilized for Method Step #5. However, data collected directly from Support coordinators at the end of Y2/Q3 helped provide accurate information for Method Steps #3 and #5. The number of projected new enrollments (by region) expected to occur during the upcoming month are calculated by the CWP Director. Based on net enrollments of 108 in the first three quarters of demonstration Y2, which is 136 less than targeted, the goal for Y2/Q4 is 219 total enrollments, or 73 enrollments per month.

Total New Enrollees Anticipated in Next Month	
Region I	11
Region II	5
Region III	14
Region IV	17
Region V	26
Total Statewide	73*
	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. Additionally, the number waiting for each service in each region, as of the last month of Y2/Q3, is included in the table. The last column shows the conclusion reached regarding whether additional provider capacity is needed.

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:

For Y2/Q3, there are 92 distinct needs, by service type and region, identified through Method Step #6. The table above illustrates the needs, with 36 (39.1%) showing inadequate provider capacity. This is an increase in inadequate provider capacity over Y2/Q2 where there were 85 distinct needs with 19 (28.8%) showing inadequate provider capacity. This is a substantial increase cutting across a range of CWP service types and regions.

While problems with data validity for Method Steps #3 and #4 are still hampering the State's overall effort to apply the requirements for monitoring the adequacy of the CWP provider network, there is clear evidence that more provider capacity is needed for a range of services across regions, and the specific services are generally consistent with past quarters' data; but more services are lacking adequate provider capacity in this quarter. Additionally, standby providers are also needed.

The core problem with provider network adequacy continues to be the need for more DSPs to deliver services. There is little evidence to suggest that simply adding more provider agencies to the CWP network will create this additional direct service staffing capacity. An RFP released in demonstration Y1 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 noted previously, the State is moving ahead with a CWP amendment that is expected to be posted for public comment in Y2/Q4, with a 10/1/23 target date for federal approval. This is in addition to the service-specific strategies reported in the Y2/Q1 and Y2/Q2 quarterly monitoring reports.

The CWP amendment proposes to increase rates for most all CWP services, based largely on the results of the rate study commissioned by ADMH/DDD in CY2022. Corresponding increases in enrollment group expenditure caps are also proposed to ensure no CWP participants experience a reduction in services due to increased reimbursement rates. Additional targeted changes are also included in the proposed waiver amendment to address other issues inhibiting timely access to certain CWP services.

After the planned CWP waiver amendment is posted for public comment, submitted to, and approved by CMS, ADMH/DDD plans to implement the changes in Y3/Q1 and then issue a new RFP in 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 third quarter of year two (Y2/Q3) on a positive note by enrolling an average of 23 individuals in each of the last two months of the quarter (May and June). This pace of enrollments is nearly double the average pace of enrollments in the 19 previous program months when the average monthly enrollment was 12.5 individuals. This shows significant improvement in an area where the program has struggled since inception.

Other key performance metrics for the CWP are generally very positive, including the 93% of participants receiving all their services in settings that are not provider owned or controlled, and a 36% participation rate in self-direction. Additionally, the competitive integrated employment rate among working-age adults in the CWP reached 17%, with continuing high interest in employment among new enrollees.

Enrollment challenges due to lack of updated eligibility documentation and the inability of some 310 Boards to fulfill their role in maintaining up-to-date eligibility documentation for people on the waiting list continues to be the main barrier to the success of the program. As a result of this continuing challenge, ADMH/DDD staff continues to step in to take on this work in lieu of 310 Boards that do not have capacity. A policy clarification has also removed a long-standing requirement for enrollment that is not a requirement in policy, the approved waiver or administrative rule. This is expected to result in a dramatic increase in 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. This includes the first CWP amendment with rate increases for most every CWP service.

External partnerships are being strengthened through increased collaboration. The overall VR partnership is productive and preliminary employment outcomes continue to be extremely positive. Ongoing collaborations with DHR and county hospitals are yielding 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 will help further develop the State's infrastructure for supporting families and avoiding unnecessary residential placements or in-patient hospitalizations.

Overall, national interests about 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. At least one state is replicating the approach and staff from the National Association of State Directors of Developmental Disabilities has expressed interest in learning more about the approach.

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)

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?

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- ☐   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?

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☐ 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

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

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

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

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

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

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

- ☐ 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

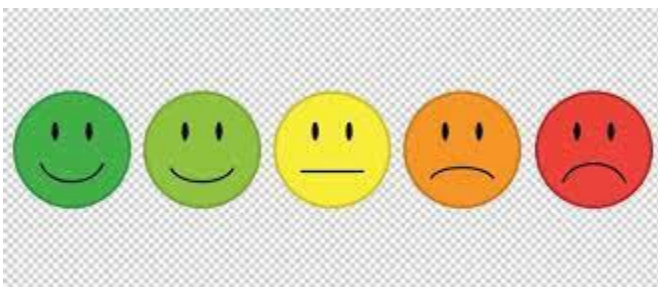18. Do paid staff working for the Community Waiver Program know and respect your rights?

☐ 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?

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□ Dark Green: Yes definitely

□ Light Green: Yes

□ Yellow: Not sure

□ Orange: Not really

□ Red: Definitely not