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

Quarterly Monitoring Report

01/01/2023 – 03/31/2023

Contents

Introduction

The Alabama Department of Mental Health's Division of Developmental Disabilities (ADMH/DDD) completed the first demonstration year of the Community Waiver Program (CWP) on September 30, 2022. This report summarizes the activities, outcomes, challenges, and opportunities related to CWP during the second quarter (Q2) of the second operational year: January 1 to March 31, 2023.

The priority this quarter continued to be increasing monthly enrollments into the CWP to achieve the original enrollment goal of 500 slots. This required a collaborative effort between the 310 support coordination agencies, ADMH support coordinators, ADMH waiver coordinators, and ADMH wait list coordinators. The 310 agencies reported difficulty keeping up with the demands for intake and eligibility due to ongoing staffing shortages. These shortages resulted in CWP support coordinators assisting with necessary updated eligibility information, i.e., ICAP (Inventory for Client and Agency Planning), and competing and submitting necessary forms for Medicaid eligibility, i.e., 204/205. During Q2, CWP leadership planned and conducted an updated training with 310 agencies in the eleven demonstration counties. The training included a general update on the CWP and a refresher on the 310 agencies' role in gathering eligibility information. The CWP director, the CWP director of support coordination, and the regional CWP support coordinator supervisors held a meet and greet with each of the seven 310 agencies working in Regions I, III, IV, and V. The feedback received from the 310 agencies was positive, and leadership feels the 310 agencies have a better understanding of their role in helping individuals achieve eligibility for enrollment.

As a result of the ongoing focus on enrollments, there was a 194% increase in net enrollments as compared to Y2/Q1, going from 17 in Y2/Q1 to 50 in Y2/Q2. With 12 people who disenrolled during the first two quarters of demonstration year two, net enrollments totaled 67, bringing the cumulative net total enrolled to 240 since the program opened.

As enrollments continue to increase into the CWP, adequate provider network capacity is crucial. In year one, the CWP providers experienced significant challenges due to the national workforce shortage among direct support professionals (DSPs). Provider capacity and the availability of needed services for CWP participants are reviewed monthly, utilizing a *Provider Capacity Status Report*. As noted in the Y1 annual report, the anticipation of additional Requests for Proposals (RFPs) to fill provider/service gaps will be released during Y2. However, these RFPs will be released after key steps are taken early in Y2 to improve the probability of success resulting from the additional RFP processes. These steps include a planned CWP waiver amendment to increase both reimbursement rates and expenditure caps to make permanent enhanced payments for services made in response to the COVID-19 public health emergency (PHE) and to respond to the findings of a rate study ADMH/DDD procured in FY22. The formal waiver rate study included a comprehensive review of all waiver services within each of the three ADMH/DDD administered waivers. The results of the study were published for public comment. Final recommendations from the rate study contractor are pending; however, increases in all reimbursement rates for most waiver services are expected. There will be no decreases in CWP rates, and with the increased rates, the CWP expenditure caps will increase as well. The increased expenditure caps will require a waiver amendment in Y2. Once the necessary waiver amendment is approved by CMS, ADMH/DDD plans to issue a new RFP to fill any remaining provider network needs and expects that with the changes accomplished through the waiver amendment, the RFP process will achieve the desired results.

ADMH/DDD was able to employ the provider network manager position that was vacant since November of 2022. The new employee previously worked as a support coordinator in Region III and had been assisting the CWP director with provider network needs and issues during the vacancy of this position. A provider network meeting is scheduled in the first month of Y2/Q3 and the new provider network manager will be formally introduced to the CWP providers.

On March 4, 2023, the CWP director presented at the Jefferson County (Region V) "A Steps Towards Successful Transition" event. In attendance were more than 85 parents and caregivers of people with significant disabilities. The director's presentation provided an overview of the CWP and how eligible people can access waiver services from ADMH/DDD. In addition, the CWP director was interviewed by the Institute for Community Inclusion (ICI) at the University of Massachusetts Boston where he addressed the CWP and ADMH/DDD's Benefits Planning Services and Financial Literacy Services, which are available in the CWP. The featured article will be released next quarter. Finally, the CWP director facilitated a customized employment training that was taught by consultants from Virginia Commonwealth

University. This 3-day certificate-based training was attended by more than 40 individuals providing competitive integrated employment utilizing both vocational rehabilitation (VR) and waiver funding. The training is funded through a collaborative partnership with Alabama VR and ADMH/DDD.

Moving forward ADMH/DDD will continue to focus on meeting the enrollment goal of 500 by September 30, 2023. Further, ADMH/DDD will continue to address support coordination vacancies and one Quality Enhancement vacancy. The CWP director continues to work with the Human Resources office to develop new support coordination classifications that will increase the applicant pool. Currently, ADMH/DDD utilizes Mental Health Specialist classifications that have been in place for many years that were not intended for direct service positions. The reclassified positions will allow fewer years of experience to apply, while maintaining necessary educational requirements.

STC 41: Operational Updates

Operational Accomplishments

Below is a list of operational accomplishments ADMH/DDD achieved in Y2/Q2 of implementation of the CWP.

Outreach and Enrollment

There was a total of 52 new enrollments in the CWP during Y2/Q2, which is a 108% increase over Y2/Q1, which saw 25 gross enrollments. Total net enrollments as of the end of Y2/Q2 were 240. Total gross enrollments since inception of the waiver on November 1, 2021, are 259. Since inception, 19 people have disenrolled from the program as of the end of Y2/Q2. The increase in disenrollment noted in this report is due both to the overall increasing number of participants and that some of the disenrollment was processed in Y2, but should have been in Y1, because of late notification by support coordination to central office staff responsible for processing disenrollment. An estimate based on current enrollments at the end of this time period compared to disenrollment appears to reflect a similar trend across all three waivers with approximately 13% for CWP, 12% for ID, and 15% for the LAH waiver and is therefore not a concern at this time.

To address challenges with meeting enrollment targets, in December 2022, the Regional ADMH/DDD CWP support coordination staff began identifying individuals from the waiting list in each CWP county that met an enrollment priority category and had accepted an allotted CWP waiver slot. The eligibility status of everyone with an allocated slot was reviewed, and the status was noted by the regional wait list coordinators and regional waiver coordinators in a shared database. The ADMH/DDD staff are processing enrollments of individuals on this list in three phases until all are enrolled. The phases include:

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

Along with prioritizing the enrollment of those meeting a priority category and previously indicating a desire to enroll, support coordinators also review other people on the waiting list and will conduct additional outreach in Y2/Q3. People are contacted in order by length of time on the waiting list, beginning with those who have waited the longest. Outreach was conducted before the first year of the demonstration began, which identified around 300 people. This outreach helps identify those who wish to enroll in the CWP. The process of ensuring eligibility information is provided and what is needed to complete the eligibility process is organized in an Excel spreadsheet that is stored in Teams and accessible to support coordinators, regional office wait list coordinators, and waiver coordinators. The spreadsheet lists needed eligibility documentation necessary for enrollment and any contacts made to obtain this information. The original 300+ individuals that were contacted prior to the CWP launch are the individuals currently targeted for enrollment. Additional outreach is planned for Y2/Q3 to allocate the slots remaining to reach the 500 targeted enrollment.

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.

BB

BB was enrolled in the CWP in November 2021. She resides with her mother who works outside of the home. Before being enrolled into the CWP, BB often spent time alone in her home with some oversight from other family members, including her grandmother. She often felt isolated and hoped the CWP would enable her to become more engaged with people other than family, as well as improve her health and lifestyle by finding engaging ways to exercise. Further, she expressed a desire to read.

After enrolling into the CWP, she began receiving the following CWP services: community integration, connections, skills training, and community transportation. These services provided her opportunities to engage with others in her community. Some of her favorite community activities include attending musicals, participating in arts and craft activities, and dining at various restaurants. She also enjoys volunteer activities at the local hospital as well as organizing donations for Christmas Charities.

Her primary goal of connecting with others has become a reality. She has established friends in and around her hometown and has met someone special that she now considers her boyfriend. Her family is very supportive of her new life, often providing transportation for her on the weekends to meet up with her friends when she is not receiving CWP supports.

BB engages in regular exercise opportunities available to her at a local gym. She also joined a walking group – Minutes to Miles. She and her mom have reported recent weight loss due to her commitment to exercise and healthier eating habits. BB enjoys visiting her local library to look through and read books. Her grandmother helps her with reading and shares books with BB. The library is where she met her boyfriend.

BB and her mom are happy with all the new opportunities that are possible because of the CWP. These opportunities have allowed her to develop friendships and become more active in her community.

JG

JG has been receiving CWP services for well over a year after being referred from the Alabama Department of Human Resources. At the time of the referral, he resided in a long-term care facility. Initially, JG was enrolled into CWP Group 4 to receive community residential services. His initial home was not a good fit for him, so he moved to another home in a different city. When he was initially enrolled, he weighed 66 pounds. After some collaborative efforts between JG's mother and his residential service provider, JG began eating his favorite pureed foods. The pureed food is necessary due to significant swallowing limitations associated with his diagnosis of cerebral palsy. He has gained a considerable amount of weight now that he is enjoying pureed food he prefers, along with daily supplements of Ensure Plus. In addition, JG receives speech therapy on a weekly basis, which is helping him improve his swallowing.

JG has settled in nicely to his current community residential program and his family is happy with his new home. His mom and a family friend make regular visits and often surprise him with his favorite foods, toiletries, and electronic games. This has included items such as a flat screen television, new winter clothes, and a radio. According to the staff that support him, JG has gotten acquainted with his housemates and enjoys spending time with them whether its eating meals, watching television, or celebrating birthdays.

JG decorated his bedroom with memorabilia of his favorite college football team, the University of Alabama Crimson Tide. Despite the need to use a wheelchair for long distances, JG navigates independently throughout his home, by preferably scooting his legs.

Improved communication remains a goal, and JG and his support team have planned to implement a communication board. It will initially be used at home, then modified to be utilized other places within the community that he visits. This specially designed communication board will allow JG to express his desires, needs, and moods through interchangeable pictures.

JG's opportunities for community integration and involvement have also increased, since being enrolled in the CWP. Some of his favorite activities include exploring different venues in and around Montgomery. Some of his favorite activities include feeding the ducks at Shakespeare Park, visiting the Shoppes at Eastchase, and spending time in Vaughn Road Park. The progress that JG has made in recent months is remarkable, and he is truly living his best life.

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

There was an increase in requests for emergency assistance among partner service agencies, i.e., the Alabama Department of Human Resources (DHR-child and family services), and community hospitals. In Y2/Q2, there were a total of 31 referrals presented to the CWP Special Review Committee (SRC). This was an increase over the previous quarter, as in Y2/Q1, there were a total of six referrals to the SRC. The CWP has reserve capacity slots set aside for emergencies, people transitioning out of inpatient settings, and DHR referrals. As such, there were enough slots available this quarter to place those approved for Group 4, Community Based Residential Services (CBRS). Out of the 31 cases in Y2/Q2, 10 were approved for enrollment in Group 4 CBRS. This is in comparison to Y2/Q1, where six referrals were approved for Group 4 CBRS. Out of the 10 classified as emergencies in Y2/Q2, seven were hospital referrals, one was a DHR referral, and two were referred by a family/caregiver.

Person-Centered Assessment and Planning

The Person-Centered Assessment and Planning training (PCAP) was designed and implemented in Y1/Q3 to provide support coordinators the tool they need to ensure person-centered planning practices throughout the state. This training has been very effective. Currently, the CWP support coordination team includes a total of 18 active support coordinators (SCs) who have successfully completed the training. One additional SC is waiting to complete the PCP competency review and competency exam. In addition, ADMH/DDD continued to implement the following steps to ensure a high quality PCAP process and high-quality PCPs:

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

Most Utilized Services

At the end of Y2/Q2, 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
- Assistive Technology and Adaptive Aids & Devices
- Personal Assistance – Home
- Personal Assistance – Community
- Breaks and Opportunities
- Positive Behavior Supports
- Remote Supports

Additionally, data analysis conducted on Y2/Q2 service authorizations demonstrated that 138 participants with signed person-centered plans have services authorized other than Support Coordination. Service authorizations increased by 38% over the Y2/Q1 count, excluding authorizations for Support Coordination and self-directed services.

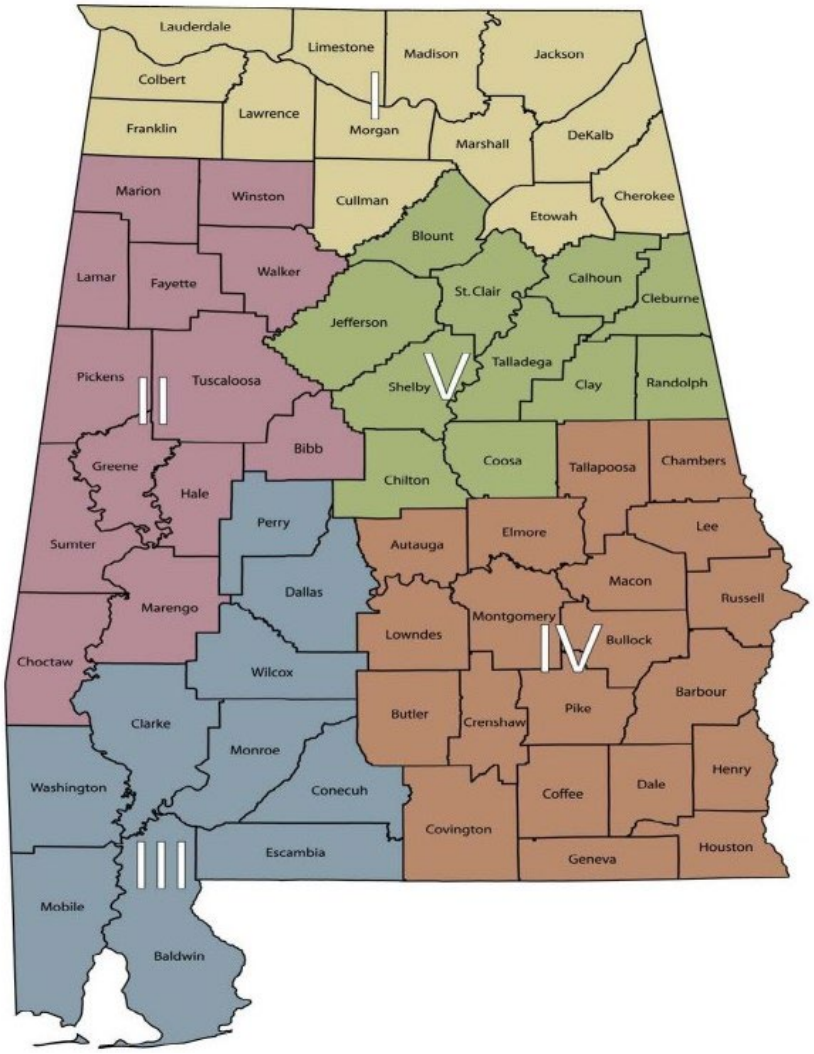
Policy and Administrative Difficulties in Operating the Demonstration

Support Coordination Capacity

Staffing for FY23 continues to be one of the top priorities for CWP moving forward. Currently, the total number of ADMH/DDD CWP support coordinators across the four regions is 18, with five vacancies. The Region II-310 support coordination agencies have four staff with one full-time and one part-time vacancy. The data below reflects the staffing changes for Y2/Q2.

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

- **Region I:** Currently, staffing consists of one support coordinator supervisor, three support coordinators, and one vacant position. There were no resignations during the quarter, but there was one new hire.
- **Region II**: Currently, staffing consists of one support coordinator 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 zero vacancies in Walker County. The CWP support coordinators in both Tuscaloosa County and Walker County are 310 Board agencies.
- **Region III:** Currently, staffing consists of one support coordinator supervisor and two support coordinators, with two support coordinator vacancies to be filled.
- **Region IV:** Currently, staffing consists of one support coordinator supervisor and one support coordinator, with one support coordinator vacancy to be filled. The supervisor for the region has completed interviews and has selected a new hire but is awaiting a response of the job offer.
- **Region V:** Currently, staffing consists of one support coordinator supervisor, four support coordinators, and one vacancy.



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

ADMH/DDD continues to experience staff turnover across many CWP position types, very similar to the experiences of other employers in Alabama and nationally during this time. For this reporting period, a total of three resignations were received. All three were support coordination positions. One of the resignations was a transfer to the vacant provider network manager position.

Unfortunately, the turnover among support coordinators is ongoing and prevented the achievement of 100% staffing since the CWP launch. During the next quarter (Y2/Q3), CWP leadership will focus on the recruitment of candidates to fill support coordination vacancies. In addition to filling the current vacancies, the CWP is also seeking candidates for four additional CWP support coordinator supervisors in anticipation of continued enrollments.

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

1. The CWP director met with the department's Human Resources (HR) office in January 2023 to begin development of a dedicated "support coordination classification." Currently, support coordinators are hired utilizing existing ADMH personnel classifications. The combination of both education and a minimum of two years' experience has limited the applicant pool for the entry level support coordinator positions. These classifications were not established for personnel who provide direct services to individuals, but rather, administrative duties. The expected change with new classifications would lessen the required experience to "qualify" as an entry level support coordinator. The education requirement(s) would remain unchanged.
2. ADMH/DDD will continue to be more flexible with work base locations. Historically, higher classifications required staff to be physically located in the central office in Montgomery. However, when possible, these

positions now offer flexibility for qualified applicants who may not be able to move to Montgomery but can work from one of the five ADMH/DDD Regional Offices.

3. ADMH/DDD is attending and exhibiting at events across the state to promote employment opportunities within the agency. During this quarter, HR exhibited at the Alabama Social Work conference.
4. HR is also continuing to promote employment opportunities through more social media campaigns and listing jobs on the National Association of State Developmental Disabilities Directors (NASDDDs) website and other publications.

Enrollment Challenges

CWP enrollments continued to lag, resulting in not meeting projected target numbers. Many of the delays continue to center around outdated and/or missing eligibility documentation. Many of those interested in enrolling in the CWP required an updated ICAP, and others needed a Medicaid eligibility determination. Many of the 310 support coordination agencies within the 11 CWP counties are struggling to recruit and employ staff, resulting in their inability to fulfill their role in updating eligibility documents in a timely manner.

Due to the ongoing challenges faced by the 310 agencies, ADMH/DDD staff will provide additional oversight of the eligibility process to eliminate the delays that have occurred previously. Likewise, training was provided to the 310 agencies during Y2/Q2 to ensure their understanding of their roles and responsibilities so individuals on the waiting list can be enrolled into the CWP. While the enrollments continued to lag, there was a significant increase with enrollments in Y2/Q2 compared to the enrollments in Y2/Q1. A total of 52 individuals were enrolled in Y2/Q2, bringing the overall gross enrollments to 259 individuals (with net enrollments equaling 240) since inception of the waiver. During Y2/Q2, two people chose to disenroll. One person made the choice to disenroll, and the other person moved out of state.

Provider Claims Approvals and Timely Provider Payments for Services Rendered

Challenges continued to persist throughout the quarter related to denial of claims from CWP provider agencies due to Third Party Liability (TPL) edits in AMA's claims billing system. Medicaid is the payer of last resort; therefore, it is a requirement that private or primary insurance is billed prior to billing Medicaid. During the quarter, ADMH/DDD continued to discuss the denied claims and options to eliminate the ongoing issue. ADMH/DDD staff met to discuss potential options, including input from staff in the ADMH/MHSU (Mental Health/Substance Use) Division who had previously worked with AMA to address denied TPL claims. ADMH/DDD believes progress is being made in addressing the denied claims related to TPL edits and anticipates a resolution during the next quarter.

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

Self-Directed Services (staff recruitment)

Some families continue to struggle to recruit staff to provide support services to their loved ones. Many chose the self-direction option, feeling that between friends, other family members, church members, or affiliations with colleges and universities, locating workers would not be a challenge. However, many are having a difficult time hiring staff. ADMH/DDD is aware of this challenge and met with Applied Self Direction (ASD) to develop resources for ADMH/DDD staff as well as families who choose to self-direct their services. The ASD work will include training modules that self-directed liaisons, support coordinators, and families can use to strengthen their ability to recruit and hire staff. Specifically, the modules and toolkits will provide information on how to recruit staff, how to interview and hire staff, and how to manage staff. These toolkits are expected to become available during the next quarter. ASD is a company that brings decades of experience as consultants to help make self-direction programs more flexible, accessible, compliant, and person-centered.

Emergency Referrals

The CWP saw an increase in referrals classified as emergencies during Y2/Q2 as outlined on page seven. These referrals are reviewed with the CWP Special Review Committee (SRC) for approval to enroll into Group 4. Many of these referrals continue to come from the Alabama Department of Human Resources and community hospitals. Both referral sources are accustomed to working with the Intellectual Disabilities (ID) waiver, which does not require any "special review" for approval of community-based residential services. Therefore, referrals are often approved for this service under the ID waiver. It has been a challenge educating these referral sources on the difference in the ID and CWP process for

requesting community-based residential services. The CWP has multiple successes of people thriving in their own homes or living with their family with needed supports. Many were initially classified as emergencies in need of residential services. Efforts will continue to educate community partners and state agency partners as the State anticipates an ongoing increase in requests for community-based residential services through the CWP.

The ongoing staffing challenges provider agencies are encountering are also impacting ADMH/DDD's ability to secure a home for those approved for the service. Even when an individual is approved, they may have to wait until a provider is found to deliver the service. Identifying a residential provider is a challenge for both the ID and CWP waivers. When a provider is unable to accept a referral, the primary reason cited is the DSP workforce shortage.

Key Achievements and Conditions or Efforts Attributed to Success

CWP Staffing

While the CWP has failed to achieve 100% employment, the vacant provider network manager position was filled after more than four months. This position is critical in providing oversight to the network, including required training curriculums. The individual selected had volunteered to assist with supporting the network during the vacancy and comes into the position with some newly developed knowledge and experience gained while providing the volunteer assistance. Four additional CWP support coordinator supervisor vacancies were formally announced, and the positions are expected to be filled in Y2/Q3.

Enrollments

While there are ongoing enrollment lags into the CWP, Y2/Q2 saw an increase of more than 100% from Y2/Q1. This increase is attributed to the efforts to put more formal oversight and work from internal CWP support coordinators in assessing eligibility needs and getting needed eligibility information updated. There is optimism moving forward into Y2/Q3 because of this success as well as the positive feedback received from 310 agencies during the meet and greets and trainings that were held with these agencies during Y2/Q2.

Provider Network Successes

During Y2/Q2, the provider network increased with the addition of three CWP providers, bringing the overall total to 47. Two additional providers were approved to serve individuals in Group 4 for community based residential services, and one provider was approved for community transportation services, all in Region III. Likewise, one provider expanded their service delivery across the regions by adding community transportation to their existing contract with ADMH/DDD.

Ensuring Fully Trained Direct Support Professional Workforce for the CWP

During the quarter, The Columbus Group (TCG) conducted Independent Living Skills training. TCG also worked with the National Disability Institute (NDI) to develop a financial literacy training that can be used as an online refresher course. This course was finalized at the end of the quarter and is now available to providers of financial literacy services. TCG will continue to work with ADMH/DDD to meet ongoing and future training needs. TCG is currently working with NDI to create an online training for Housing Counseling.

The QuiLTSS Institute (TQI) was able to transition previous trainings of Community Integration and Infection Prevention and Control to a virtual format during this quarter, and information on accessing these trainings was distributed to the provider network. During the quarter, five staff members completed their Mursion with TQI becoming badged,[1] and 74 staff members were enrolled in the TQI for Alabama Employment Community First (AL ECF) Training.

TCG, TQI, the CWP director, and CWP credentialing staff met to discuss potential options for transitioning live trainings to virtual formats. These would include Family Empowerment, Independent Living Skills, and Housing Counseling trainings. TCG will explore all potential options for hosting online trainings. Satisfaction surveys were sent to provider agencies during the quarter to gauge satisfaction with the customer services of the training partners. This survey is being analyzed and will be reviewed with training partners in the upcoming quarter.

[1] Mursion puts learners one on one with a training facilitator/avatar to practice and demonstrate through simulations to confirm proficiency, which earns the learner badges in the training system.

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

During the reporting period, the CWP credentialing staff worked on adjustments to the credentialing process, including updates to the conversation guides, consent forms, workbooks, and modified review process. Changes are ongoing, and credentialing staff continue to work with CQL and leadership to establish best practices. Initial meetings were conducted with providers in four of the 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 included summaries of the targeted conversations with individuals receiving CWP services and the staff employed by the agency.

Throughout the quarter, multiple targeted conversations and focused group meetings/interviews were conducted. Participants included: The Arc of Madison County (Region I), Community Options (Region II), the Arc of Walker County (Region II), Volunteers of America Southeast (Region III), Scott Residential (Region III), Saad Enterprises, Inc. (Region III), Rainbow 66 Storehouse (Region IV), Professional Medical Fulfillment (Region IV), SmartSolutions (Region V), Night Owl Support Systems (All Regions), and SafeinHome (All Regions). Agencies were responsible for uploading documentation to support performance indicators during the quarter. Credentialing staff reviewed all uploaded documentation for indicator completion. Credentialing staff 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 staff provided needed technical assistance to providers to ensure progression with the credentialing process and service provision. Additionally, five CWP surveys were conducted during the quarter in conjunction with the credentialing process. Providers continue to report they enjoy the collaboration and transparency with the credentialing process.

Bi-weekly meetings with CQL were conducted to review and discuss the credentialing process for any barriers or successes. The CWP team, along with CQL and consultant Dr. Lisa Mills, are working on ways to improve the credentialing process to ensure success, including simplification of the workbooks for provider ease of access due to provider staff barriers with use of technology to complete. The team will continue to make needed adjustments to the credentialing process as issues or concerns arise.

Collaboration with Alabama Department of Vocational Rehabilitation (ADRS)

The partnership between ADRS and ADMH remains positive. There were no significant challenges or issues addressed during the reporting period. The CWP director and the CWP support coordinator in Region IV met with the vocational rehabilitation (VR) counselors and supervisors to provide training on the CWP. Many of the VR counselors in this office are new to VR and were appreciative of the information. Other regions reported no issues with their local VR offices and counselors.

During Y2/Q2, there were a total of 10 referrals made to VR. Of these referrals, three obtained employment during the quarter, three are receiving job development services, two chose not to pursue employment, and two are in the beginning stages of working with an employment provider agency.

ADMH/DDD continues to collaborate with Alabama VR to plan and host a three-day customized/supported employment training taught by consultants from the Virginia Commonwealth University. On day one, the VR supported employment coordinator, the VR individual placements and supports (IPS) coordinator, the VR transition coordinator, and the ADMH/DDD CWP support coordinator all addressed the class of trainees and provided an overview of the collaborative work between the two agencies as well as how the agencies braid funding to advance employment for people with disabilities in the state. ADMH/DDD served as the lead in hosting this session. The second session will occur in September 2023 and will be led by Alabama VR.

CWP leadership continues to foster support coordinators to advance employment to those receiving CWP services by encouraging support coordinators to discuss employment goals and options with people. The desire to obtain

competitive, integrated employment continues to be an enrollment priority category for the CWP. This will continue to be addressed during virtual and face-to-face staff meetings with CWP staff.

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/Q2, 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.

As of the end of Y2/Q2, there was one reported critical incident for the CWP. It involved a person who needed to be admitted to the hospital for a medical issue.

Currently, in the IPMS system being utilized (Therap) there is not a simple method to sort incidents by waiver. People are placed on caseloads, but if the caseloads are not updated correctly, incidents for people receiving CWP services may not be properly identified. As such, there was concern that the low incident numbers were a result of incorrect caseload assignments in the IPMS system. The ADMH/DDD Quality Assurance staff put a process in place to analyze the incident data input beginning 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.

Administrative Code

There were no updates made to the Administrative Code during Y2/Q2. However, proposed Administrative Code §580-5-30-.16 was presented for public comment on March 24, 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.

Identified Beneficiary Issues and Complaints

There were no formal beneficiary issues or complaints filed during Y2/Q2.

Lawsuits and or Legal Actions

There were no lawsuits or legal actions related to the CWP for Y2/Q2.

Legislative Updates

Bills that may have an impact on people with disabilities currently moving through the Alabama Legislative session include:

HB 105 - relating to guardianships and conservatorships to create the Colby Act to provide a supported decision-making agreement as an alternative to guardianship or conservatorship; and to provide the scope and limitation of a supported decision-making agreement. The Colby Act is supported by the Alabama Supreme Court Commission on Guardianships and Conservatorships. This bill provides for "Supported Decision Making." ADMH/DDD is in support of "Supported Decision Making." This bill aligns with the recommendations of the Alabama Supreme Court Commission on Guardianships and Conservatorships, of which ADMH is a member. DDD advocacy groups like the Arc Chapters, People First Alabama, and other waiver recipient and family groups are in strong support.

HB 141 - relating to disability insurance policies; to authorize disability insurers to offer paid family leave benefit policies. Bill is moving and scheduled for second reading in House of Origin in early April 2023.

Unusual and Unanticipated Trends

In Y2/Q2, there was an increase in emergency referrals from ADHR, hospitals, and the court system. With an increase in emergency referrals, additional providers of community-based residential services were needed. The CWP has reserve capacity slots set aside for emergencies, people transitioning out of inpatient settings, and DHR referrals. As such, there were enough slots available this quarter to place those approved for Group 4, Community Based Residential Services (CBRS).

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

There were no forums or related public comments for Y2/Q2.

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 Q2 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
50	**82**	**61%**

Data for the Demonstration Year to Date (Y2):

Total Net Enrollments for the Reporting Period	Total Targeted Net Enrollments	Performance
67	**163**	**41%**

Data for the Demonstration Since Inception:

Total Net Enrollments for the Reporting Period	Total Targeted Net Enrollments for Y2/Q2	Performance
240	**336**	**71%**

Data Discussion:
Enrollments into the CWP did not meet the anticipated pace for targeted number of enrollments of 82 for Y2/Q2 due to continued challenges with missing and out-of-date eligibility information. However, there was nearly a doubling of enrollment numbers as compared to Y2/Q1. Enrollment rates should further improve during the remainder of the demonstration year.

Net enrollment of 358 was not achieved, as at the end of Y2/Q2 there were 240 people actively enrolled on the waiver. Since inception on November 1, 2021, 259 people have enrolled on the waiver and 19 have disenrolled.

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

Demonstration Month & Region	Counties	Enrollment Group:						
Jan-23		**Gr 1**	**Gr 2**	**Gr 3**	**Gr 4**	**Gr 5**	**Disenrollments**	**NET**
Region 1	Madison	0	0	1	0	0	0	**1**
	Morgan	0	0	1	0	0	0	**1**
	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	1	1	3	1	0	0	**6**
	Baldwin	0	3	1	0	0	0	**4**
Region 4	Montgomery	0	0	0	0	0	0	**0**

	Elmore	0	0	0	0	0	0	0
	Houston	0	1	0	0	0	0	1
Region 5	Jefferson	0	0	5	2	0	2	5
January 2023 TOTAL:		**1**	**6**	**14**	**3**	**0**	**2**	
							Jan-23 Net Total	**22**
							Jan-23 Gross Total	**24**

Demonstration Month & Region	**Counties**	**Enrollment Group:**						
Feb-23		**Gr 1**	**Gr 2**	**Gr 3**	**Gr 4**	**Gr 5**	**Disenrollments**	**NET**
Region 1	Madison	0	2	0	0	0	0	2
	Morgan	0	1	0	0	0	0	1
	Limestone	0	0	0	0	0	0	0
Region 2	Tuscaloosa	0	1	1	0	0	0	2
	Walker	0	0	1	0	0	0	1
Region 3	Mobile	0	0	2	0	0	0	2
	Baldwin	0	0	0	2	0	0	2
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	1	1	0	0	0	2
February 2023 TOTAL:		**0**	**5**	**5**	**2**	**0**	**0**	
							Feb-23 Net Total	**12**
							Feb-23 Gross Total	**12**

Demonstration Month & Region	**Counties**	**Enrollment Group:**						
Mar-23		**Gr 1**	**Gr 2**	**Gr 3**	**Gr 4**	**Gr 5**	**Disenrollments**	**NET**
Region 1	Madison	0	0	0	0	0	0	0
	Morgan	0	0	0	0	0	0	0
	Limestone	0	0	0	0	0	0	0
Region 2	Tuscaloosa	0	2	5	0	0	0	7
	Walker	0	1	1	0	0	0	2
Region 3	Mobile	0	2	0	2	0	0	4
	Baldwin	0	0	1	2	0	0	3
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
March 2023 TOTAL:		**0**	**5**	**7**	**4**	**0**	**0**	
							Mar-23 Net Total	**16**
							Mar-23 Gross Total	**16**
							Y2/Q2 Net Total	**50**
							Y2/Q2 Gross Total	**52**

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
27	**50**	**54%**

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
130	**238**	**55%**

Discussion:
During the quarter, two of the 52 enrollees were outside of the 14-64 age range. Of the 50 in the 14-64 age range, 27 enrollees, or 54%, expressed interest in obtaining and maintaining competitive integrated employment. Nine of those in

the data set only identified they wanted to preserve their existing living arrangement. Seven need a Group 4 enrollment (residential placement). Seven of the entries were blank and priority categories could not be identified.

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
220	**240**	**92%**

Data Discussion:
Overall, since the program opened, 92% 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.[2]

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

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

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

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

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

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
42	**121**	**35%**

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 was using self-direction, as of the end of Y2/Q2. CWP support coordinators continue to receive training on self-direction specific to assisting CWP participants to find self-direction workers when they do not have workers readily identified. This is anticipated to further increase the use of self-direction in the CWP over this demonstration year. ADMH/DDD also engages in continued contract oversight with the Financial Management Services in Participant Direction (FMSA) to ensure their immediate readiness to serve CWP participants choosing to self-direct.

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

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

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

Numerator: Total 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	52	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	259	3%

Data Discussion:
During Y2/Q2, no one enrolled needed to acquire Medicaid coverage to enroll 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
3	5	60%

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
4	6	67%

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. Three surveys were completed during this quarter. Two of the respondents had satisfaction ratings under 85%, resulting in only three of the five surveys being included in the numerator. Due to the low number of surveys conducted, this equates to 60% performance in Y2/Q2. 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 the subsequent Y2 monitoring reports.

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

Numerator: Total CWP participants filing a grievance and/or appeal during the reporting period.

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

Data Collection Methodologies: Data on all filed grievances and appeals is documented in the ADMH/DDD Office of Appeals and Constituency Affairs' grievance and appeals database, which will be used to pull the number of newly filed grievances and appeals during the reporting period.

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

Data for the Reporting Period:

Total CWP participants filing a grievance and/or appeal during the reporting period	Total CWP participants as of the last day of the reporting period	Performance
0	240	0%

Data Discussion:
In Y2/Q2 there were no grievances or appeals filed with the ADMH/DDD Office of Appeals and Constituency Affairs.

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

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

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

Numerator: Total CWP participants as of the last day of the reporting period with 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 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
46	**49**	**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
203	**215**	**94%**

Data Discussion:
Of the 215 participants with created PCPs since inception of the waiver, only 12 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 second quarter (Y2/Q2) of fiscal year 2023, there is one Group 5 individual placed. The Y2/Q2 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, HMA collaborated with the State to test and further refine administrative data queries to improve reliability and validity in the data reports. HMA distributed the Provider Accreditation Survey and collected and analyzed the data for both this provider survey as the participant and family Supports Coordination satisfaction survey. Results of these surveys are reported below.

M24. Independent Accreditation of Providers

Baseline data for the Provider Accreditation Survey was collected during the first quarter of CY2023. Of all provider respondents, 24.4% of providers are nationally accredited. CWP providers, whether as CWP Only or CWP/ID/LAH providers, are more than twice as likely as ID/LAH-only providers to be nationally accredited. This survey will be administered again in early FY 2024, and results will be analyzed across waivers and across years of data collection.

Program	Respondents	No Accreditation	National Accreditation	% Accredited
CWP Only	10	7	3	30.0%
ID/LAH Only	18	15	3	16.7%
Both CWP and ID/LAH	17	12	5	29.4%
Total	45	34	11	24.4%

M29 and M30. Support Coordination Satisfaction

In late 2022, Support Coordination Satisfaction Surveys were disseminated by (mail, email, or via a case worker) to participants in the LAH, ID, and CWP waivers, and to their parents/guardians. The surveys asked about overall satisfaction with their (or their family members') support coordinator and asked specific questions about how participants (or family members) felt about how available, helpful, respectful, and inclusive the support coordinator is.

The surveys also asked about satisfaction with their support plan and with connections to other needed services. Answers to satisfaction questions were on a scale of 1 to 5 (5=Strongly Agree) with answers of "5" indicating the highest levels of satisfaction.

Responses: A total of 483 completed surveys were received. A total of 265 surveys were from adult waiver participants, and 204 were from parents of adult waiver participants. Only a handful of surveys were received for parents of teen and youth participants.

Waiver	Adult Participants	Parents of Adults	Parents of Teens	Parents of Youth
CWP	26 (10%)	22 (11%)	4 (57%)	0 (0%)
LAH	105 (40%)	93 (46%)	3(43%)	3(43%)
ID	134 (50%)	89 (44%)	0 (0%)	4 (57%)
Total	265	204	7	7

Demographics of respondents: The majority of adult participants who responded were white (64%), while 33% were African American. A total of 57% were male, and 43% were female (with one transgender individual). More than half (51%) of adult participants reported having help completing the survey from a parent or other family member, 20% from a service provider, 11% from a case manager, and 12% reported doing the survey without help. Most respondents (64%) had been receiving services for two years or more and the majority (57%) of respondents said they live with relatives/family members; 33% in a provider-run group home; and 8% in an independent home (own apartment or house or in supported living).

Results: Adult participants reported high levels of satisfaction with Support Coordination, with mean scores between 4.3 and 5 (5=Strongly Agree). There were no statistically significant differences in satisfaction scores between the CWP and ID waivers. There was only one statistically significant difference between the CWP and LAH waivers, with CWP scoring lower on "My support coordinator is available to work with me when I need them."

Parents of adult participants also reported high levels of satisfaction, with mean scores between 4.2 and 5 (5=Strongly Agree). There were no statistically significant differences in satisfaction scores between the CWP and LAH waivers. There was only one statistically significant difference between the CWP and ID waivers, with CWP scoring lower on "Our support coordinator helps my family member with non-waiver supports (for example - school, vocational rehabilitation services, mental health and medical care)."

This survey will be administered again in Fall 2023, and results will be analyzed across waivers and across years of data collection.

STC 30: Preferred Provider Selection

Preferred Provider Network

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

1. The need to offer choice of at least two providers for each service to CWP participants
2. The need for additional provider capacity based on demand for the service among CWP participants
3. The need for additional provider capacity based on anticipated demand for the service among the anticipated new enrollments into the CWP.

This allows the State to manage provider network capacity in a way that reflects CWP enrollees' desires for services, as determined through a conflict-free person-centered assessment and planning process. As compared to a network management strategy requiring the State to contract with any willing provider for specific CWP services and regions, regardless of whether additional provider capacity is needed, the approach used in the CWP prevents unbalanced provider

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

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

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

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

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

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

Preferred Provider Qualifications for Current CWP Providers

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

Monitoring Provider Capacity

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

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

2. In demonstration year one, fields were added to the ADIDIS case management information system to enable CWP support coordinators to track referrals to providers, including dates referrals were made and dates referrals were accepted by providers. These system changes were implemented to monitor provider capacity as defined in STC 30. Issues and proposed resolutions to these issues are described below.

The State is reporting its monitoring process and outcomes in this quarterly monitoring report per requirements of the approved CWP Waiver. The data utilized includes information for 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 47 providers collectively providing 33 CWP services across the five regions. During Y2/Q2, the provider network increased with the addition of three CWP providers. Due to the increase in emergency referrals and need for community-based residential services, additional providers were added outside of the RFP process. The existing providers approved to deliver this service did not have the capacity to meet the increased need for this service. Two additional providers were approved to serve individuals in Group 4 for community based residential services, and one provider was approved for community transportation services, all in Region III. Additionally, one provider expanded their service delivery across the regions by adding community transportation to their existing contract with ADMH/DDD.

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 March 2023 to identify their prospective capacity in April 2023.

Providers' Reported Capacity to Accept New Referrals in Quarter 3 Month #1 of Demonstration Year 2 (April 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	6	9	3
Breaks and Opportunities (Respite)	15	10	20	27	5
Community Integration Connection and Skills	17	6	10	17	6
Community Transportation	32	16	11	32	11
Community-Based Residential Services	0	1	0	0	0
Employment Supports - Co-Worker Supports	4	9	0	0	0
Supported Employment - Individual: Career Advancement	12	4	4	2	0
Supported Employment - Individual: Support Discovery	15	4	4	11	0
Supported Employment - Individual: Exploration	15	13	0	12	0
Supported Employment - Individual: Job Coaching	14	4	4	10	0
Supported Employment - Individual: Job Development Plan	14	7	4	9	0
Supported Employment - Individual: Job Development	14	10	4	13	0
Supported Employment - Integrated Employment Path	14	10	0	10	0
Supported Employment Small Group	8	0	0	0	0
Family Empowerment and System Navigation Counseling	13	19	14	8	15
Financial Literacy and Work Incentives Benefits Counseling	33	14	14	20	10
Housing Counseling Services	10	22	2	2	7
Housing Start-Up Assistance	10	22	2	2	7
Independent Living Skills Training	4	16	0	17	11
Minor Home Modifications	0	10	0	0	5
Occupational Therapy	0	0	0	0	0
Peer Specialist Supports	24	4	7	7	6
Personal Assistance Community	24	16	15	32	11
Personal Assistance Home	19	16	15	32	11
Physical Therapy	0	0	0	0	0
Positive Behavioral Supports	1	1	2	2	2
Remote Supports Backup Contractor	0	0	0	0	0
Remote Supports Contractor	30	20	20	30	10
Skilled Nursing	0	0	0	0	0
Speech and Language Therapy	0	0	0	0	0
Supported Living Services	4	0	0	0	0

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/Q2, the COVID-19 public health emergency continued nationwide. According to the terms and conditions of the CWP, the State is required to seek additional providers when, by service and region, the average referral acceptance rate drops below 80%. The data for Y2/Q2 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, the data set submitted by providers was used to confirm that at least 56 distinct referrals for services were accepted during this quarter. Additionally, service authorizations increased by 38% over the Y2/Q1 count, excluding authorizations for Support Coordination and self-directed services. Finally, data collected from support coordinators in the last month of Y2/Q2 indicated sixteen (16) CWP participants waiting for referrals to be accepted for one or more services, with the average number of services being 1.6 per participant. ADMH/DDD continues to address issues with

ADIDIS functionality and is planning to build a new assessment for support coordinators to use to track referrals made and referrals accepted in a different, more effective way. ADMH/DDD will also provide training to support coordinators during Y2/Q3 on the new assessment in ADIDIS and how to complete it, in order to ensure data is being consistently and accurately entered. The system being developed to replace ADIDIS will include the necessary functionality 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/Q2, the COVID-19 public health emergency continued nationwide. According to the terms and conditions of the CWP, the State is required to seek additional providers when, by service and region, the average service initiation delay exceeds 60 days.

Based on all service initiations tracked and reported in Y2/Q2, the average length of time from referral acceptance (as reported by the provider) to service start was 85 days with the range from 1 to 168 days. Service initiation delays were particularly notable in January and March during this quarter. In year one of the demonstration, the average service initiation delay was 49 days with the range from one to 158 days. It is possible that the spike in time from referral acceptance to service start this demonstration year may be because the data source used for referral acceptance date was changed. Providers are now being asked to report the "Referral Date," rather than pulling the referral acceptance date from the Support Coordination record in ADIDIS due to issues explained above in Method Step #3 discussion. In analyzing this spike in days, it was discovered that requiring providers to report "Referral Date" without instructions may mean providers are reporting the date they ***received*** the referral as opposed to the date they ***accepted*** it. This would inadvertently lengthen the number of days reported for this metric. In Y2/Q3, the provider data collection tool and instructions will be modified to address this, providers will receive training on this change, and in future reports, the referral acceptance date will be cross-checked with the referral acceptance date documented by the support coordinator to ensure accuracy.

Method Step #5:

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

Problems with Method Steps #3 and #4, as explained above, impacted the State's ability to accurately report the number of CWP participants waiting for specific services, which is part of the data utilized for Method Step #5. Multiple new efforts are occurring to rectify these issues by the end of Y2. The State employed a more manual strategy to obtain information on CWP participants waiting for specific services in order to include that data in Method Step #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 only 67 in the first half of demonstration year two, which is 96 less than targeted, the goal for Y2/Q3 is 129 total enrollments, or 43 enrollments per month.

Total New Enrollees Anticipated in Next Month	
Region I	7
Region II	3
Region III	8
Region IV	10
Region V	15
Total Statewide	43*
	**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/Q2, is included in the table. The last column shows the conclusion reached regarding whether additional provider capacity is needed.

Service	Region	# Utilizing	# Waiting	# Enrolled	Utilization Rate	Anticipated New Enrollments	Additional Capacity Needed	Existing Provider-Reported Capacity	More Providers Needed?
Adult Family Home	1	0	2	53	4%	7	2	0	Yes
Adult Family Home	2	0	2	62	3%	3	2	0	Yes
Adult Family Home	3	0	2	65	3%	8	2	0	Yes
Adult Family Home	4	0	2	26	8%	10	3	0	Yes
Adult Family Home	5	0	2	34	6%	15	3	0	Yes
Assistive Technology and Adaptive Aids	1	5	0	53	9%	7	1	9	No
Assistive Technology and Adaptive Aids	2	2	0	62	3%	3	0	0	No
Assistive Technology and Adaptive Aids	3	10	0	65	15%	8	1	6	No
Assistive Technology and Adaptive Aids	4	10	1	26	42%	10	5	9	No
Assistive Technology and Adaptive Aids	5	2	0	34	6%	15	1	3	No
Breaks and Opportunities	1	1	2	53	6%	7	2	15	No
Breaks and Opportunities	2	1	0	62	2%	3	0	10	No
Breaks and Opportunities	3	7	0	65	11%	8	1	20	No
Breaks and Opportunities	4	8	1	26	35%	10	4	27	No
Breaks and Opportunities	5	0	0	34	0%	15	0	5	No
Community-Based Residential	1	2	0	53	4%	7	0	0	No
Community-Based Residential	2	5	1	62	10%	3	1	1	No
Community-Based Residential	3	8	0	65	12%	8	1	0	Yes
Community-Based Residential	4	1	0	26	4%	10	0	0	No
Community-Based Residential	5	2	3	34	15%	15	5	0	Yes
Comm Int Conn and Skills Training	1	13	0	53	25%	7	2	17	Yes
Comm Int Conn and Skills Training	2	0	0	62	0%	3	0	6	No
Comm Int Conn and Skills Training	3	15	0	65	23%	8	2	10	No
Comm Int Conn and Skills Training	4	15	1	26	62%	10	7	17	No
Comm Int Conn and Skills Training	5	9	1	34	29%	15	5	6	No
Community Transportation	1	17	1	53	34%	7	3	32	No
Community Transportation	2	4	8	62	19%	3	9	16	No
Community Transportation	3	7	2	65	14%	8	3	11	No
Community Transportation	4	12	1	26	50%	10	6	32	No
Community Transportation	5	7	0	34	21%	15	3	11	No
Family Empowerment	2	2	0	62	3%	3	0	19	No
Housing Counseling	2	1	0	62	2%	3	0	22	No
Housing Counseling	5	1	0	34	3%	15	0	7	No
Housing Start Up	3	1	0	65	2%	8	0	2	No
Housing Start Up	5	1	0	34	3%	15	0	7	No
Independent Living Skills Training	1	1	0	53	2%	7	0	4	No
Independent Living Skills Training	2	0	0	62	0%	3	0	16	No
Independent Living Skills Training	3	13	0	65	20%	8	2	0	Yes
Independent Living Skills Training	4	9	1	26	38%	10	5	17	No
Independent Living Skills Training	5	6	0	34	18%	15	3	11	No
Minor Home Modifications	4	1	0	26	4%	10	0	0	No
Occupational Therapy	1	0	1	53	2%	7	1	0	Yes
Occupational Therapy	3	1	0	65	2%	8	0	0	No
Occupational Therapy	5	2	1	34	9%	15	2	0	Yes
Peer Specialist Services	4	1	0	26	4%	10	0	7	No
Personal Assistance-Community	1	3	1	53	8%	7	2	24	No
Personal Assistance-Community	2	6	7	62	21%	3	8	16	No
Personal Assistance-Community	3	4	0	65	6%	8	0	15	No
Personal Assistance-Community	4	7	1	26	31%	10	4	32	No
Personal Assistance-Community	5	1	0	34	3%	15	0	11	No
Personal Assistance-Home	1	0	0	53	0%	7	0	19	No
Personal Assistance-Home	2	3	1	62	6%	3	1	16	No
Personal Assistance-Home	3	8	0	65	12%	8	1	15	No
Personal Assistance-Home	4	9	1	26	38%	10	5	32	No
Personal Assistance-Home	5	2	1	34	9%	15	2	11	No
Physical Therapy	1	0	1	53	2%	7	1	0	Yes
Positive Behavior Supports	1	1	2	53	6%	7	2	1	Yes
Positive Behavior Supports	2	0	0	62	0%	3	0	1	No
Positive Behavior Supports	3	6	3	65	14%	8	4	2	Yes
Positive Behavior Supports	4	14	2	26	62%	10	8	2	Yes
Positive Behavior Supports	5	2	0	34	6%	15	1	2	No
Remote Supports	1	2	0	53	4%	7	0	30	No
Remote Supports	2	0	0	62	0%	3	0	20	No
Remote Supports	3	2	0	65	3%	8	0	20	No
Remote Supports	4	2	0	26	8%	10	1	30	No
Remote Supports	5	2	0	34	6%	15	1	10	No
Integrated Employment Path Services	2	1	0	62	2%	3	0	10	No
SE-Discovery	1	1	0	53	2%	7	0	15	No
SE-Discovery	2	1	0	62	2%	3	0	7	No
SE-Discovery	4	0	1	26	4%	10	1	6	No
SE-Discovery	5	3	0	34	9%	15	1	30	No
SE-Exploration	1	0	0	53	0%	7	0	15	No
SE-Exploration	2	2	0	62	3%	3	0	13	No
SE-Exploration	4	3	0	26	12%	10	1	12	No
SE-Job Coaching	2	1	1	62	3%	3	1	4	No
SE-Job Coaching	5	2	0	34	6%	15	1	0	Yes
SE-Small Group	2	4	2	62	10%	3	2	0	Yes
Speech-Language Therapy	1	0	1	53	2%	7	1	0	Yes
Speech-Language Therapy	5	2	1	34	9%	15	2	0	Yes
Skilled Nursing	4	1	0	26	4%	10	0	0	No
Work Incentive Benefits Counseling	1	0	0	53	0%	7	0	17	No
Work Incentive Benefits Counseling	2	7	1	62	13%	3	1	14	No
Work Incentive Benefits Counseling	3	0	0	65	0%	8	0	14	No
Work Incentive Benefits Counseling	4	0	0	26	0%	10	0	20	No
Work Incentive Benefits Counseling	5	0	0	34	0%	15	0	30	No

Method Step #6:

By service and by region, during the COVID-19 public health emergency, when providers report they are unable to sufficiently expand the number of beneficiaries they are serving (Method #2) to address planned CWP enrollments (Method #5) and/or they are unable to achieve 80% referral acceptances (Method #3) or achieve timely service initiations (Method #4) for existing CWP enrollees, the State is required to initiate the process to increase the number of providers for the impacted service and region (i.e., selection from the Stand-by List and/or initiation of an RFP).

Results of Data Analysis:

Problems with 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. The issues with Method Step #3 and #4 are explained above. These issues also impacted the State's ability to accurately report the number of CWP participants waiting for specific services, which is part of the data utilized for Method Step #5, as noted above. However, there is evidence that more provider capacity is needed for certain services in certain regions, and the specific services are generally consistent with past quarters' data. Additionally, standby providers are also needed.

The primary lack of capacity in the provider network is related to the following services:

- Adult Family Home: All regions. *This is partially due to the fact that this is a new service for the State IDD system. Providers with experience in other states have been recruited to help launch this new service option as soon as possible. The rates for this service are also being increased in the proposed waiver amendment.*
- Therapies: All regions. *This is largely due to existing rates. Rate increases have been proposed in the waiver amendment. Additionally, the option for subcontracting is being proposed in the waiver amendment which should further help with growing capacity.*
- Positive Behavior Supports: Four regions. *This is largely due to existing rates and lack of state capacity. ADMH/DDD's plans underway to contract with Project Transition and the START program are expected to grow and strengthen the capacity, as is the recent creation within ADMH of a joint office for dually diagnosed individuals.*

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 year one 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/Q3, with a 10/1/23 target date for federal approval. This is in addition to the service-specific strategies reported in the Y2/Q1 quarterly monitoring report and above.

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 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 second quarter of year two on a positive note by nearly doubling the number of program enrollments and increasing service authorizations by 38% as compared to Y2/Q1. The CWP also received and addressed 31 referrals presented as emergencies. Other key performance metrics for the CWP are generally very positive, including the percentages of participants receiving all their services in settings that are not provider owned or controlled, which increased to 94%, and the participation rate in self-direction, which increased to 35%.

The main barrier to program success remains enrollment challenges due to lack of updated eligibility documentation and the inability of 310 Boards to fulfill their role in maintaining up-to-date eligibility documentation for people on the waiting list. As a result of this continuing challenge, ADMH/DDD staff have again stepped in to take on this work in lieu of 310 Boards that do not have capacity. This is expected to result in 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.

External partnerships are being strengthened through increased collaboration. The overall VR partnership is productive and preliminary employment outcomes continue to be 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 and the START Institute will help further develop the State's infrastructure for supporting families and avoiding unnecessary residential placements or in-patient hospitalizations.

Overall, 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.

Appendix A

Indicators for Preferred Provider Selection

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

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

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

Area I. Experience with Waiver Service Provision

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

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

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

Area II. Independent Accreditation

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

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

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

Area III. Support of Person-Centered Service Delivery

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

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

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

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

Area IV. Support of Independent Living

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

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

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

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

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

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

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

Appendix B

CWP Participant Satisfaction Survey

Person Surveyed:_____ DOB:_____/_____/_____

Interviewer:_____ Survey Date:_____

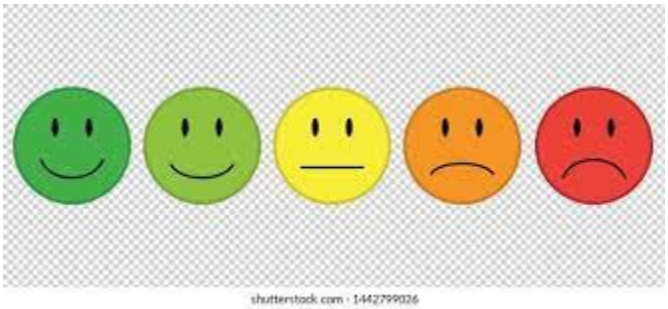
Initial Interview: Yes☐No☐ Follow Up Interview: Yes☐ No☐

Re-Credentialing Visit for Which Provider?_____

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

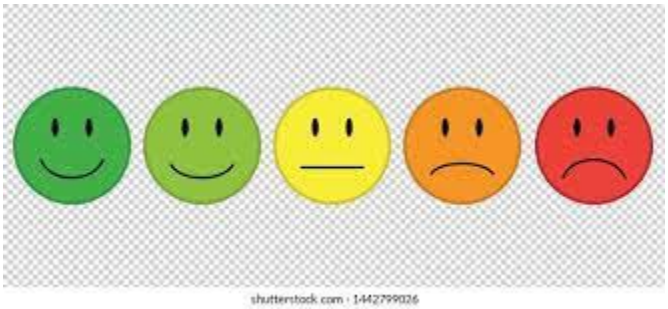
Daily Life

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



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

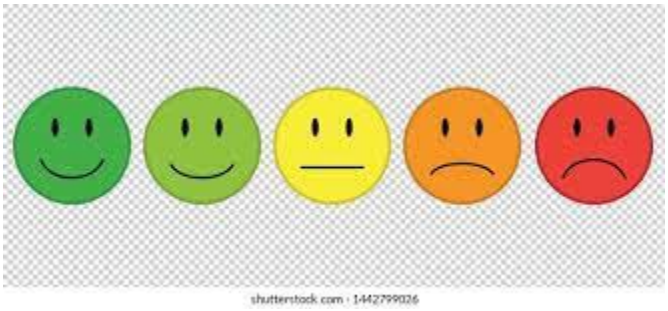
2. Have you had the opportunity to learn and try new things since you enrolled in the Community Waiver Program?



☐ Dark Green: Yes definitely

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

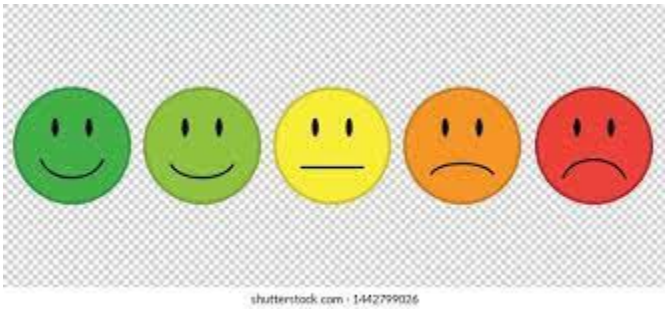
3. Are you seeking a job or already working in a job within your community?



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

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

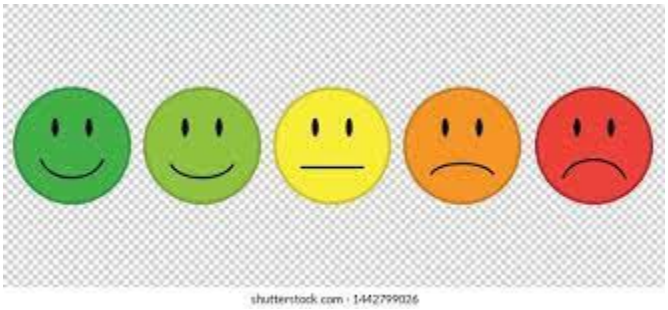
☐ I choose not to work at this time.



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

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

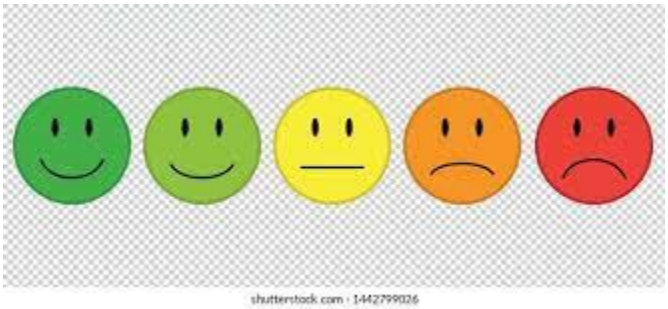
☐ I am already working.



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

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

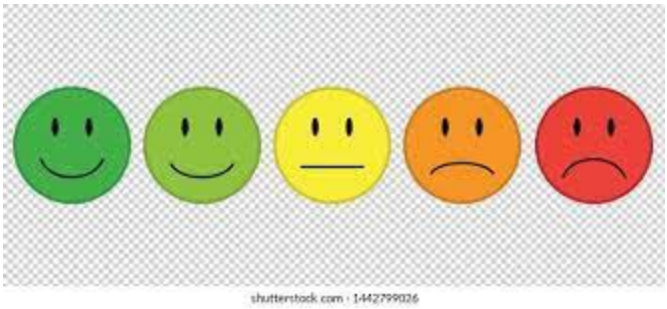
☐ I don't receive Community Waiver Program supports in my home at this time.



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

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

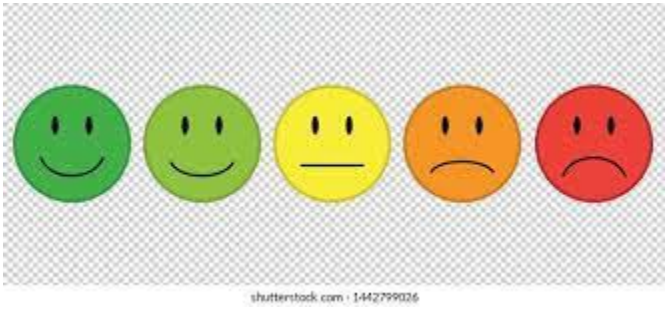
☐ At this time, I don't receive Community Waiver Program supports to help me do things in my community.



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

Community Connections

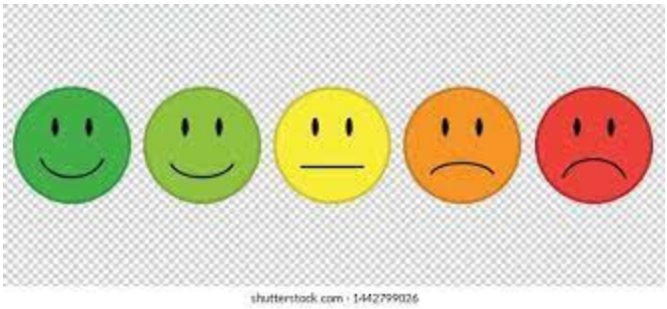
8. Has the Community Waiver Program provided you the chance to meet new people and make new friends?



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

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

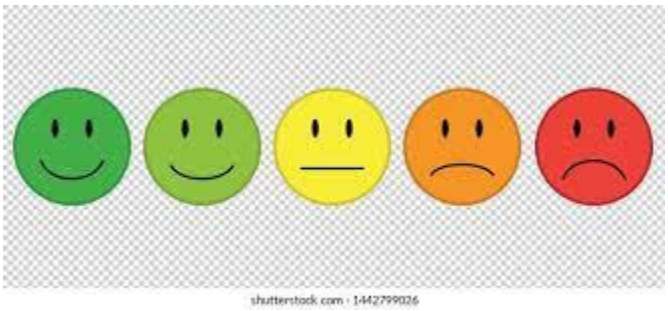
☐ I do not need this kind of help from the Community Waiver Program at this time



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

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

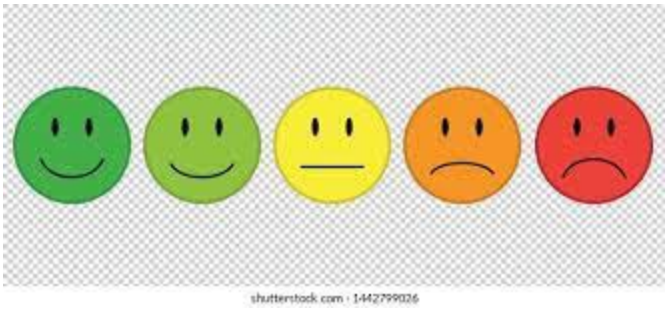
☐ I choose not to have a romantic relationship at this time
☐ I do not need this kind of help from the Community Waiver Program at this time.



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

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

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

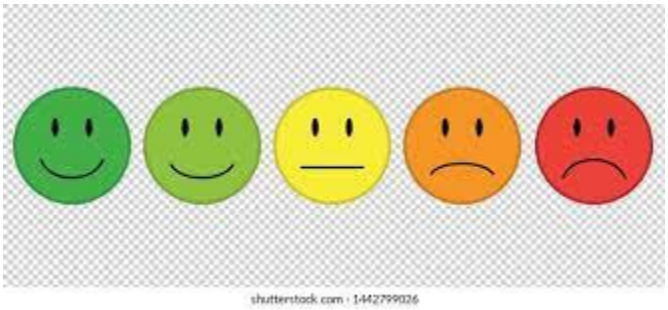


☐ Dark Green: Yes definitely
☐ Light Green: Yes
☐ Yellow: Not sure
☐ Orange: Not really
☐ Red: Definitely not

Community Living

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

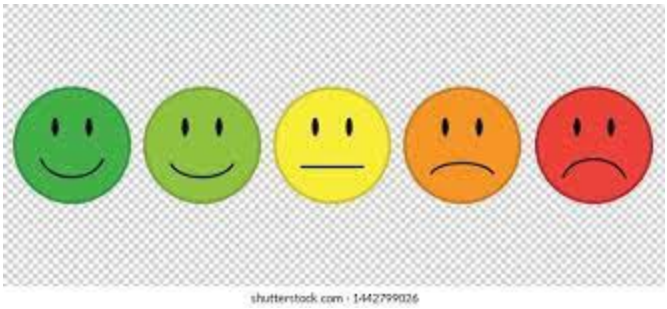
☐ I do not need this kind of help from the Community Waiver Program at this time



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

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

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



☐ Dark Green: Yes definitely

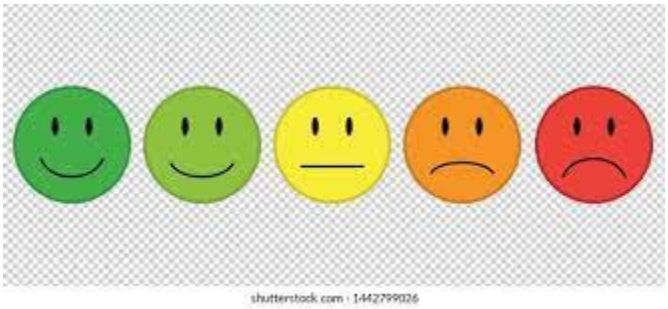
☐ Light Green: Yes

☐ Yellow: Not sure

☐ Orange: Not really

☐ Red: Definitely no

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



HOME:

☐ Dark Green: I feel very safe

☐ Light Green: I feel safe

☐ Yellow: Not sure

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

☐ Red: I don't feel safe

OUTSIDE THE HOME:

☐ Dark Green: I feel very safe

☐ Light Green: I feel safe

☐ Yellow: Not sure

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

☐ Red: I don't feel safe

AT WORK:

☐ I don't work at this time.

☐ Dark Green: I feel very safe

☐ Light Green: I feel safe

☐ Yellow: Not sure

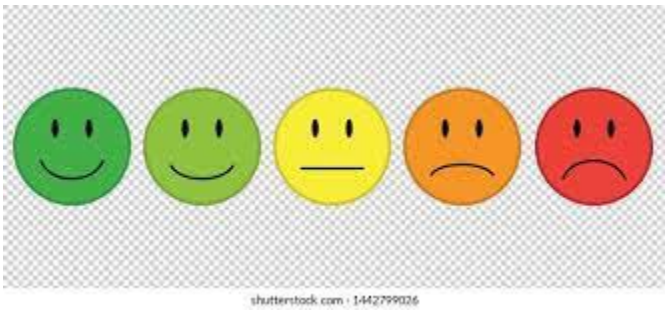
☐ Orange: I don't feel safe in some environments

☐ Red: I don't feel safe

Healthy Living

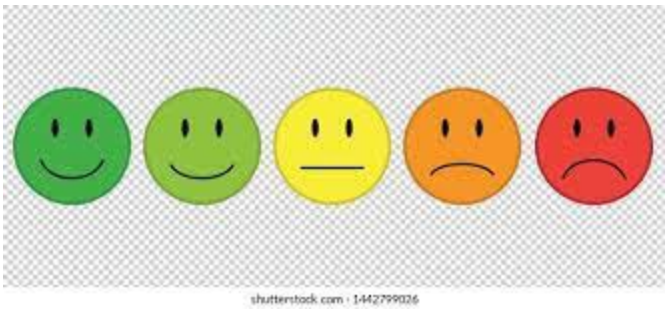
15. Are you happy with the supports you receive from the Community Waiver Program to help you stay healthy?

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



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

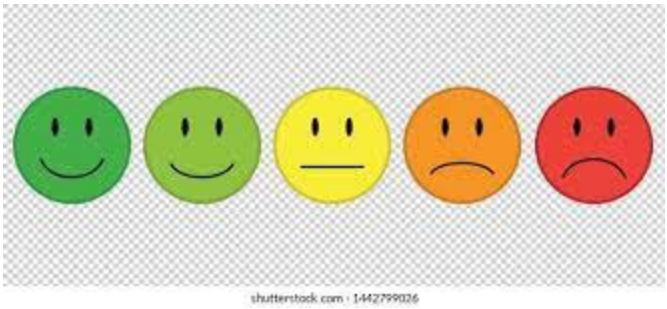
16. Does the Community Waiver Program help you get paid staff that you like?



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

Self-Determined: Rights, Choices, and Personal Control

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



☐ Dark Green: Yes definitely

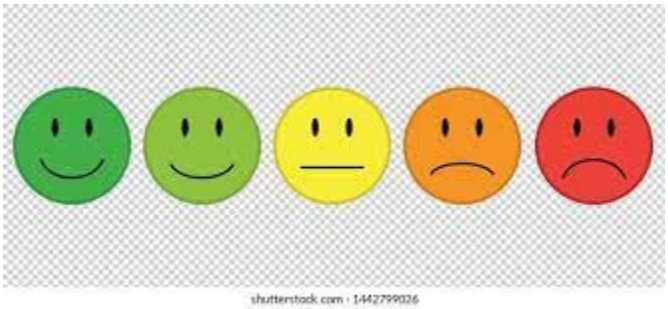
☐ Light Green: Yes

☐ Yellow: Not sure

☐ Orange: Not really

☐ Red: Definitely no

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



☐ Dark Green: Yes definitely

☐ Light Green: Yes

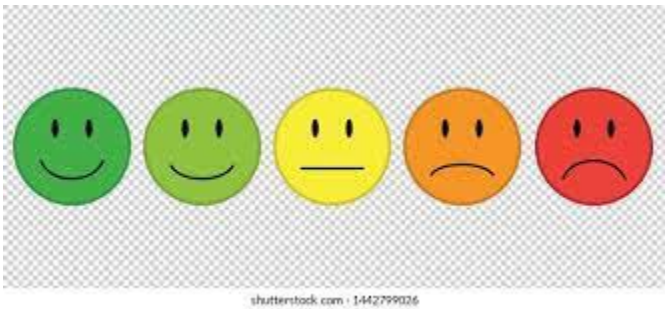
☐ Yellow: Not sure

☐ Orange: Not really

☐ Red: Definitely not

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

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



☐ Dark Green: Yes definitely

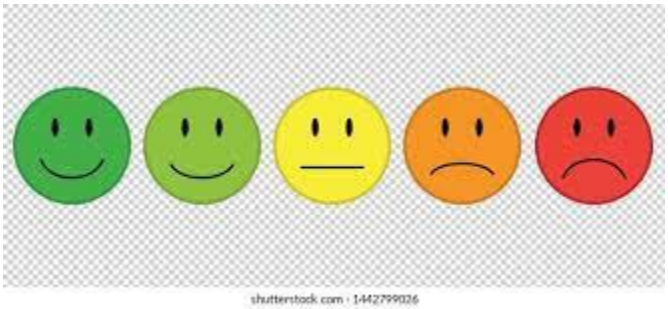
☐ Light Green: Yes

☐ Yellow: Not sure

☐ Orange: Not really

☐ Red: Definitely not

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



☐ Dark Green: Yes definitely

☐ Light Green: Yes

☐ Yellow: Not sure

☐ Orange: Not really

☐ Red: Definitely not