

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

Quarterly Monitoring Report

10/01/2021 – 12/31/2021

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## Introduction

The Alabama Medicaid Agency (AMA) and the Alabama Department of Mental Health (ADMH) received final approval for the Community Waiver Program (CWP) from the Centers for Medicare and Medicaid Services (CMS) on October 21, 2021. This approval came just over two years following the State's release of its concept paper, *Charting the Future of Alabama's Home and Community-Based Service Delivery System for Individuals with Intellectual Disabilities: A Concept Paper for Stakeholder Review and Input (July 11, 2019)*. This paper described an innovative proposal on how the State of Alabama could offer and provide Medicaid Home and Community-Based Services (HCBS) to individuals with intellectual disabilities (ID) and was based on statewide input received from stakeholders through a series of eleven (11) listening sessions held throughout the State and through an online survey. The listening sessions and online survey spanned December 2018 to April 2019. A total of 424 individuals, family members, advocates and providers gave input through this process. While individual and family input was gathered separately from provider input, each stakeholder group identified the following priorities:

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

The concept paper proposed that a new waiver, now the CWP, be developed to address these priorities in a phased-in approach. Initially, the CWP would be offered in a limited number of counties in each region of the State and serve individuals with ID who were not enrolled in the State's existing waiver programs for individuals with ID, the Intellectual Disabilities waiver (ID waiver) and the Living at Home waiver (LAH waiver). Currently, more than 5,000 individuals are served on the ID waiver, and approximately 400 individuals are served on the LAH Waiver. Alabama continues to maintain a waiting list that slightly fluctuates but remains near 2,000 individuals.

Per the concept paper, anyone coming off the waiting list in these counties would enroll in the new CWP. Individuals already enrolled in the ID or LAH waiver would remain on those waivers unless, after the new waiver had been operational for no less than 24 months, they voluntarily decided that they would like to transition to the CWP. The ID and LAH waivers would be renewed every five (5) years so long as individuals remain enrolled in those waivers to ensure continuity of services for current waiver participants.

In the Fall of 2019, the ADMH approached the Alabama Legislature to request funding to develop and launch the CWP. As a result, the Alabama Legislature provided \$3,422,599.00 to initially serve 500 individuals with ID who are currently waiting for HCBS. ADMH anticipates that this funding will allow the State to reduce the waiting list by 25% in the first year the CWP is operational. The CWP design is expected to enable the State to serve more individuals with ID who need services than could otherwise be served by continuing to enroll people in the ID and LAH waivers.

Using recommendations from stakeholders and best practices from other states, Alabama submitted a formal application for an §1115(a) demonstration waiver to CMS for approval of the CWP. While the new waiver was planned for an April 1, 2020 start date, prolonged delays occurred due to the COVID-19 pandemic and necessary negotiations with CMS that coincided with an administration change.

The October 2021 CWP approval from CMS authorizes the State to implement both the §1115(a) demonstration waiver and a new §1915(c) waiver, which in concert establish the CWP. The demonstration also establishes an

expenditure authority in the §1115(a) demonstration waiver to allow the State to increase access to Medicaid coverage to individuals with ID who do not meet institutional level of care but have a need for HCBS to enable them to sustain community living and achieve integrated community employment.

This demonstration allows the State to redesign its HCBS delivery system to address concerns such as long waiting lists, high use of residential services and out-of-home placements, and low integrated community employment rates among its beneficiaries. The demonstration meets the intent of the Home and Community Based Settings Rule by increasing access to the following:

- Supported Employment
- Community Integration Supports
- Services that sustain community living arrangements, including family and independent or supported living arrangements

Further, with the new §1115(a) demonstration waiver authority, Alabama will have multiple enrollment groups within the program, with four distinct enrollment groups in the §1915(c) and one enrollment group, known as 1115 Group 5, in the new §1115(a) demonstration waiver. This allows the State to provide a unique set of services and unique service plan budgets tailored to each enrollment group based on the age and living situation of the CWP enrollee. Individuals can readily move between groups as their needs and situations change, avoiding any need to disenroll from one waiver and enroll in a different waiver. The approval of this waiver program may increase access to Medicaid coverage to individuals with ID who are on the State's waiting list for HCBS and the ID and LAH waivers.

In 2020, county-based 310 agencies participating in the CWP, along with ADMH Support Coordinators, contacted waiting list participants and their families to gauge interest in the CWP prior to implementation. On November 1, 2021, ADMH, in partnership with the Alabama Medicaid Agency (AMA), officially launched the CWP in eleven counties of Alabama. Those counties include: Limestone, Madison, and Morgan (Region I), Tuscaloosa and Walker (Region II), Mobile and Baldwin (Region III), Montgomery, Elmore, and Houston (Region IV) and Jefferson (Region V). 58% of the individuals on the current waiting list reside in these eleven counties. By the launch date, just under 350 people on the waiting list had already indicated interest in being enrolled in the CWP. Of this number, 49% of the individuals indicated interest in integrated employment. ADMH and its partners continue to provide outreach about the program through marketing materials available on the ADMH website and targeted initiatives. In March 2022, the State will implement a specific initiative to promote Group 5 enrollment.

With the official launch of the CWP, services and supports are expected to help maintain family relationships, promote community inclusion and integrated community employment, and enable people with ID and their families to avoid crisis, all of which are of utmost importance to an individual's and family's health, well-being, and happiness.

## STC 41: Operational Updates

### Operational Accomplishments

Below is a list of activities ADMH implemented as part of its readiness initiative for waiver implementation as well as the State's accomplishments since November 1, 2021:

#### Outreach and Enrollment

- ADMH has enrolled 35 individuals into CWP services as of 12/31/2021.

- One individual in need of an emergency reserve capacity slot was enrolled and able to be discharged from a hospital and returned to the family. CWP services subsequently enabled this individual to move into a private home with necessary in-home and community supports.

#### Provider Development

- During the quarter, ADMH provided \$1.8M in State dollars for start-up/bridge funding to support providers in recruiting, hiring and/or retaining staff for the CWP.
- Support Coordination staff are in place with only 3 vacancies remaining as of 12/31/2021.

#### Staff Training and Support

- The Provider Network, Support Coordination staff, and Quality Enhancement-Certification staff are all engaged in ongoing training curricula to ensure the provision of the highest level of services by qualified and credentialed staff:
  - 12 individuals from 7 agencies have earned a Quality Improvement in Long Term Services and Supports (QuiLTSS) Success Coach Badge.
  - 28 individuals from 6 agencies have completed the Training Resource Network (TRN) online Job Coach training curriculum.
  - 38 individuals from 8 agencies have completed Virginia Commonwealth University Job Development Training.
  - 13 individuals from 4 agencies have completed National Disability Institute Financial Literacy Training.
- A total of 182 individuals have completed some required component of training needed to provide CWP services and supports.
- ADMH is working collaboratively with multiple contractors to support the CWP. These contractors include:
  1. The Council on Quality and Leadership (CQL) for development of quality enhancement and certification tools
  2. Health Management Associates (HMA) for development and management of CWP evaluation requirements
  3. Moving to a Different Drum, LLC, for consultancy for CWP waiver development and implementation
  4. For training curriculum development and delivery for providers, support coordinators, and other ADMH staff, ADMH has engaged the following:
    - QuiLTSS
    - Inclusa
    - Columbus Group
    - Applied Self-Direction
    - National Disability Institute (NDI)

#### Support Coordination Capacity

Since early 2020, ADMH has actively recruited and hired Support Coordinators in preparation for the CWP launch. To ensure Support Coordinators have the time needed to provide quality services and supports as well as manageable caseloads, each region has the following staff numbers:

Region I: Supervisor and 4 additional Support Coordinators

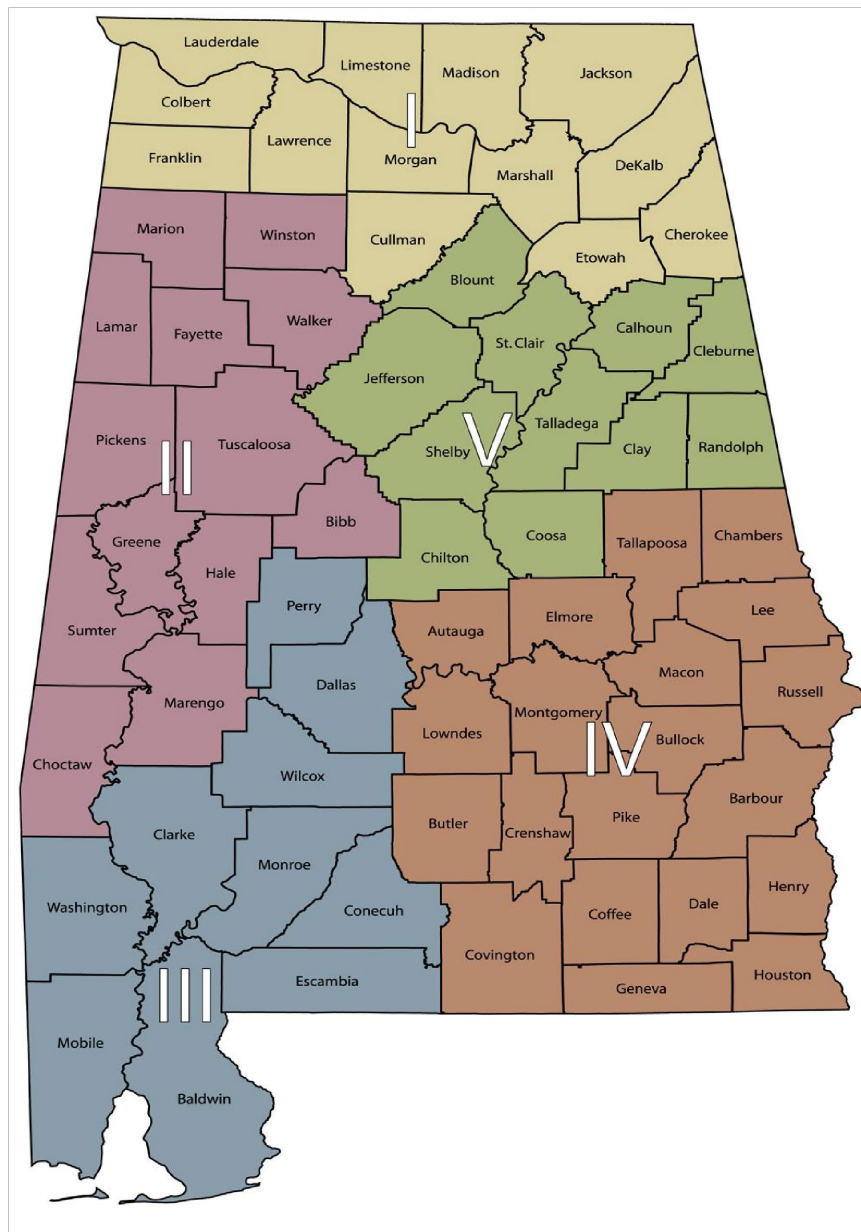
Region III: Supervisor and 4 additional Support Coordinators – 1 current vacancy

Region IV: Supervisor and 2 additional Support Coordinators

Region V: Supervisor and 2 additional Support Coordinator – 2 current vacancies (job offers pending)

In Region II, Support Coordination is provided by the following traditional 310 agencies: Ability Alliance of West Alabama in Tuscaloosa County and Tri County Agency for Intellectual Disabilities in Walker County. Each agency

currently has one (1) supervisor and one (1) additional support coordinator. Additional staff are expected to be added as enrollment numbers increase. ADMH regions are detailed in the map below:



## Policy and Administrative Difficulties in Operating the Demonstration

### Covid-19 Impact

As experienced nationally, Alabama has been impacted by the COVID-19 pandemic. Internally, ADMH has experienced challenges in hiring for the Data Analyst position to support the CWP. Key waiver staff responsible for systems management and other ADMH staff have been impacted directly or indirectly by the Covid-19 pandemic, thus impeding ADMH's ability to complete important tasks continuously and without delays. These tasks include developing operational procedures and performing functional analyst changes to the ADMH information system for

data, claims billing and reporting. Externally, ADMH's provider network has experienced many challenges, as described further on page 8.

### Information Technology System

ADMH experienced several challenges with ensuring its case management records and claims billing system was in place for the CWP prior to program implementation. ADMH began addressing its information system's performance in 2020 by hiring two IT Functional Systems Analysts. These new staff members immediately recognized challenges within the system and the need to include additional functionalities such as data acquisition for waiver compliance purposes. ADMH began the process of developing system process flows and exploring opportunities for updates to the current system as well as potential procurement of a new system, having released a Request for Information in 2020. This process engaged internal and external stakeholders, including Support Coordination and direct service providers as well as AMA.

The complexity of working with a vendor to not only improve and update the system's current functionality but to also ensure the development of new competing system requirements has caused delivery delays. The most significant threat to meeting deadlines has been challenges resulting from resolving compatibility issues between ADMH's information system and AMA's new Modular Electronic Visit Verification (MEVV) system. Other challenges include the development and testing of new queries needed for many new data requirements, development of forms, and integrating those forms into the system as a data source. There were multiple requests for changes as a result of experiential use of data and data sources. New Functional Analyst staff were unfamiliar with ADMH's information system and its strengths/weakness, as well as the flow of information and how the various components of the service delivery system worked together. These concerns are expected to be resolved by the end of the second quarter.

ADMH will be releasing a Request for Proposal (RFP) for a Case Management information system in January 2022. The RFP will allow for a competitive bidding process and enable ADMH to select a product more compatible with the Division's need for a more fully integrated case management and claims billing information system. Selection of a system will be made by May 2022. Once the vendor for the system is selected, in collaboration with AMA, ADMH will begin the process of transitioning its information system to a more progressive data management system that will allow ADMH to develop and generate data reports more easily. The new ADMH information system is expected to increase the compatibility with AMA system requirements and therefore better meet service delivery system requirements.

### Billing Codes

Due to the inclusion of many new services in the CWP and a significantly expanded number of services that can be self-directed, extensive work was necessary to identify and implement an appropriate array of billing codes to facilitate claims under the CWP and to support the independent evaluation. This required extensive use of Gainwell's time, ADMH and AMA's third-party administrator. All concerns identified were resolved in this quarter.

### Financial Management Services Agency Readiness

Readiness for self-directed services has also been impacted by several factors referenced in other areas of this report, including the designation of billing codes for new services, information system limitations, and engagement around Modular Electronic Visit Verification (MEVV) readiness requirements. The remaining challenge should be resolved by March 31, 2022 and relates to a system's change with regard to management of individual savings accounts for purchases of goods and services. This challenge did not have any impact on provision of services to participants.



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

### Provider Network Challenges

While there was a great deal of excitement from the provider community when initial recruitment for the CWP was undertaken in early 2020, ADMH has experienced challenges keeping providers engaged due to delays in the launch. Further, providers are experiencing ongoing business challenges while navigating through the COVID-19 pandemic and its aftermath, specifically regarding the workforce. The national labor shortage has also impacted the CWP before and after the launch. Providers continue to report difficulty with efforts to recruit and/or maintain staff to provide necessary CWP services and supports. No enrollments occurred in Region V - Jefferson County due to unforeseen Support Coordination staff vacancies.

A survey to all CWP providers was distributed in December to determine “provider readiness” for referrals. The results of the survey confirm that staffing shortages and difficulty recruiting staff are the primary reasons for providers’ lack of readiness. While all providers “projected” the potential numbers of services they could provide individuals, many noted that the projections were all contingent on their ability to recruit, hire and train staff. Due to the ongoing delay in CWP approval, providers refrained from hiring staff. As a result, this has impacted their ability to initiate service delivery. However, the survey confirms that they will be ready in February.

### Strategies Developed and Implemented to Address Challenges

To address the labor shortages and difficulty with workforce recruitment, hiring and retention, ADMH provided additional state-only funding through a grant application process. Thirteen agencies requested start-up/bridge funding. ADMH will be evaluating the impact of the funding in the second quarter.

The criteria used to approve one-time bridge/start-up funding included:

- Completed application from a fully certified qualified provider for the CWP
- Projected short-term costs associated with providing dedicated staff or short-term start-up supports for the CWP
- Provider agreement for contracted services to be available at launch of the CWP in order to accept a minimum of 90% of CWP referrals no more than ten days after receipt, and initiation of CWP services within 45 days of acceptance of a referral
- Provider agreement to provide documentation, or other evidence as required by the ADMH, of the costs for which they are seeking start-up funding

### Ensuring Fully Trained Direct Support Professional Workforce for the CWP

In an effort to increase quality and service delivery, ADMH required more comprehensive staff training targeted to specific skill sets to ensure a qualified professional workforce. This created additional training time during a period of multiple provider workforce challenges.

### Challenges and Strategies Developed and Implemented to Address Challenges

To ensure that training time and costs did not impede provider enrollment, ADMH was able to offer reimbursement for the time CWP DSPs spent in training as well as any associated training registration costs. This assistance was possible because of a legislative appropriation earmarked for provider readiness, training, and development. The Provider Network Manager works closely with both the providers and training consultants to ensure the successful completion of required training and obtainment of necessary documentation. To better address service needs of individuals referred to the ADMH with ID and behavioral issues, the ADMH Commissioner established a work group to develop a statewide continuum of service plan for this population. Representation includes leadership from both

the ID/DD and Mental Health and Substance Abuse (MH/SA) service divisions, as well as representation from community providers, advocacy groups and other organizations. The first meeting will be held in January 2022.

### Key Achievements and Conditions or Efforts Attributed to Success

Prior to the final approval of the CWP in October 2021 and the official launch in November 2021, ADMH met with staff from the Alabama Department of Rehabilitation Services/Vocational Rehabilitation (ADRS/VR) to plan for the launch and to define the partnering role VR will play in the success of the CWP. These leadership meetings included Commissioners of both agencies along with Assistant Commissioners and other agency leaders.

To ensure a successful partnership with the ADRS/VR, the CWP Director conducted formal training with VR supervisors and Rehabilitation Counselors on November 18, 2021. VR leadership identified a VR Counselor in each of the eleven CWP counties to serve as liaison to the CWP. These VR liaison counselors will receive referrals from Support Coordinators. The liaison will then either serve as the VR counselor to the referral or forward the referral on to the appropriate VR counselor in the office. The training provided an overview of the CWP, and VR finalized their process for receiving referrals.

### Operational Guidelines and Training

To ensure services in the CWP are in accordance with State and Federal regulations and processes, operational guidelines were developed that outline the administration, oversight, and delivery of the CWP. These operational guidelines are in accordance with the Waiver's Special Terms and Conditions outlined by CMS. ADMH continues to work with AMA to finalize remaining operational guidelines and provide training.

### Administrative Code

After CMS' approval of the CWP, ADMH amended Chapter 580-5-30 of the Administrative Code, Intellectual Disabilities Services, to authorize and support Alabama's new CWP. The amendment also strengthened language necessary to comply with the federally mandated Home and Community Based Settings Rule governing all waiver programs administered by the ADMH. The amendment was published November 30, 2021, in the Alabama Administrative monthly, Volume XL, Issue No.2. The comment period is scheduled to end on January 4, 2022.

### Provider Network Successes

During implementation, the CWP enrolled 22 active providers and had 16 pending providers. The pending providers are expected to be approved in the following quarter.

### Identified Beneficiary Issues and or Complaints

A process to receive and track complaints and grievances has been established. Complaints and grievances are received by the coordinator of the Office of Appeals and Constituent Affairs and recorded by date received, sender of complaint, participant's name, agency/office, waiver program, region, nature of complaint/grievance, office or staff that referred, date of resolution, summary of resolution and any additional notes. There were no beneficiary complaints during the quarter (see Metric 8).

### Lawsuits and or Legal Actions

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

### Legislative Updates

There were no legislative updates for this quarter.

## Unusual and Unanticipated Trends

With regards to the provider network, an unanticipated merger between two CWP providers of supported living services caused the availability of providers for this service to drop to one per region in four of the five CWP regions. To address this unexpected gap, an RFP will be released next quarter.

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

No post-award forums or other public comment opportunities were held during the reporting period.

## STC 41: Performance Metrics

The State began establishing 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 Settings Rule compliance and advancements 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 that the State established and where available, data is presented.

### A. Data Demonstrating How the State is Progressing Toward Meeting the Demonstration's Goals

Program Goal #A1: Enroll five hundred (500) participants in first year of CWP.

***Metric #1:** Total enrollments as compared to total targeted enrollments for the reporting period*

**Numerator:** Total enrollments for the reporting period.

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

**Data Collection Methodologies:** Enrollments are entered into Alabama Department of Intellectual Disabilities Information System for Case Management and Claims Billing (ADIDIS), on the Regional Office Waiver Registration Screen by the Regional Office Waiver Coordinator. A report summarizing enrollments during the reporting period is pulled from ADIDIS to obtain the numerator. The denominator is based on the table below illustrating the Anticipated Pace of Enrollments, which corresponds with each quarterly and the first annual STC reporting periods.

**Data for the Reporting Period:**

Total Enrollments for the Reporting period	Total Targeted Enrollments	Performance
35	35	100%

Data Discussion:

ADMH established a projected pace of enrollments for the first year of CWP operation based on an April 1, 2021 anticipated launch date. This projection, which was established prior to knowing the specific CWP approval and launch date and prior to understanding the impact of COVID-19 on the provider network at the time of launch, was as follows:

Anticipated Pace of Enrollments January 2021	Total Targeted Enrollments Statewide (Not including reserve capacity)	% of Total Enrollments in Year 1 of CWP (Not including reserve capacity)
April 2021	35	8%
May 2021	70	16%
June 2021	88	20%
July 2021	100	22.5%
August 2021	100	22.5%
September 2021	50	11%
Total Slots (not including reserve capacity)	443	100%

The Waiver was approved October 21, 2021, and enrollments began on November 1, 2021. Receipt of updated information from CWP providers on their challenges associated with COVID-19, as well as receipt of information from CWP Waiting List Coordinators and Support Coordinators regarding the impact of COVID-19 (particularly the Delta and Omicron variants) on individuals and families, triggered ADMH to revise the anticipated pace of enrollments to expand the total period of time to enroll the first five hundred (500) individuals to span the full twelve month period for the CWP's first year of operation as shown below:

Anticipated Pace of Enrollments (Updated January 2022)	Total Targeted Enrollments Statewide (Not including reserve capacity)	% of Total Enrollments in Year 1 of CWP (Not including reserve capacity)
November-December 2021	35	8%
January-March 2022	100	23%
April-June 2022	150	34%
July-September 2022	158	35%
Total Slots (not including reserve capacity)	443	100%

Data for this metric is tracked and reported using the revised anticipated pace of enrollments as illustrated in the table above. Thirty-five (35) individuals were enrolled across four regions of the state during the reporting period. No enrollments occurred in Region V- Jefferson County due to unforeseen Support Coordination staff vacancies.

The enrollments are as follows:

Demonstration Month	County	Enrollment Group				
<b>November, 2021</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Region 1</b>	Madison			7		
	Morgan			2		
	Limestone			2		
<b>Region 2</b>	Tuscaloosa			4		
	Walker			2		
<b>Region 3</b>	Mobile			6		
	Baldwin			4		
<b>Region 4</b>	Montgomery			4		
	Elmore			1		
	Houston			2		
<b>Region 5</b>	Jefferson					
<b>NOVEMBER 2021 TOTAL:</b>				34		
<b>December, 2021</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Region 1</b>	Madison					
	Morgan					
	Limestone					
<b>Region 2</b>	Tuscaloosa			1		
	Walker					
<b>Region 3</b>	Mobile					
	Baldwin					
<b>Region 4</b>	Montgomery					
	Elmore					
	Houston					
<b>Region 5</b>	Jefferson					
<b>DECEMBER 2021 TOTAL:</b>				1		
<b>REPORTING PERIOD TOTAL</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>ALL REGIONS</b>	All Counties			35		

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

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

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

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

**Data Collection Methodologies:** When enrollments are entered by the Regional Office Wait List Coordinator, the ADIDIS “Demographics” screen is also filled-in using data from CWP Waitlist Details Database including the enrollment priority category. ADMH 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
4. New enrollees during the reporting period, ages 14-64 and in categories 2 and 3, are counted in the numerator.

Enrollments are entered into the ADIDIS system’s Regional Office Waiver Registration Screen by the Regional Office Waiver Coordinator. A report summarizing all new enrollments, for individuals ages 14-64, during the reporting period is pulled from ADIDIS to obtain the denominator.

**Data for the Reporting Period:**

Total CWP enrollments with enrollment priority for obtaining or maintaining competitive integrated employment	Total CWP enrollments for the reporting period	Performance
17	35	49%

**Data Discussion:**

Data from the reporting period demonstrates the anticipated results of the demonstration’s design, including the use of enrollment priority categories focused on the desire for competitive integrated employment, along with length of time a person has been on the waiting list, to prioritize an eligible individual for enrollment. Additional metrics tracking the number of CWP participants working in competitive integrated employment will illustrate the demonstration’s effectiveness in improving competitive integrated employment outcomes among individuals with intellectual disabilities.

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

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

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

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

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

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

**Data for the Reporting Period:**

Total CWP participants as of the last day of the reporting period that are living with family or other natural supports or living in an independent living arrangement	Total CWP participants as of the last day of the reporting period	Performance
35	35	100%

**Data Discussion:**

Data from the reporting period demonstrates the anticipated results of the demonstration’s design, including the use of enrollment priority categories, along with length of time a person has been on the waiting list, to prioritize eligible individuals for enrollment.

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

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

**Numerator:** 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.

**Denominator:** 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.

**Data Collection Methodologies:** Regional Office Fiscal Managers enter service authorizations into ADIDIS from approved Person-Centered Plans for CWP participants, previously entered into ADIDIS by Support Coordinators. The

denominator is generated by running a report from the ADIDIS CWP Participant File, as of the last day of the reporting period, to obtain the complete list of CWP participants. For this list of CWP participants, a service authorizations report is then run, as of the last day of the reporting period, for all CWP service types that can be self-directed. The total number of CWP participants with one or more CWP service types that can be self-directed authorized, constitute the denominator.

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

Data Discussion:

Due to the enrollment dates of the thirty-five (35) CWP participants who entered the program during the reporting period, no Person-Centered Plans were fully completed during the reporting period. ADMH will be able to report data on this metric in the next quarterly monitoring report.

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

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

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

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

Denominator: Total CWP enrollments during the reporting period.

Data Collection Methodologies:

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



Data for the Reporting Period:

Total CWP enrollees during the reporting period who qualified for and/or first received Medicaid coverage as a result of CWP enrollment	Total CWP enrollments during the reporting period	Performance
0	35	0%

Data Discussion:

Because outreach to individuals with ID eligible for 1115(a) Group 5 just started during the reporting period and initial enrollments are being pulled from the waiting list, in part based on length of time waiting, there were no enrollments during the reporting period of individuals who did not already have Medicaid eligibility through another source. This is expected to change during the remainder of demonstration year #1.

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 for the Reporting Period:** Data is pulled from “CWP Participant Satisfaction Survey” database in which CWP Quality Monitoring staff enter date and results of each CWP Participant Satisfaction Survey conducted during the reporting period. A report is pulled after the end of each reporting period that contains information on the total number of CWP Participant Satisfaction Surveys completed during the reporting period. This number is the denominator.

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

Data for the Reporting Period:

Total CWP participants surveyed during quality monitoring activities conducted during the reporting period whose measured satisfaction with the CWP is at least 85%	Total CWP participants surveyed during quality monitoring activities conducted during the reporting period	Performance
N/A	N/A	N/A

Data Discussion:

ADMH will use the following data source for this metric: Quality Monitor CWP Participant Satisfaction Survey data. This survey is currently in development for use starting March 1, 2022. Due to this reporting period being the first quarter of the program, quality monitoring activities have not yet begun. ADMH will be able to report data on this metric in the next quarterly monitoring report.

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

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

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

Data Collection Methodologies: Data on all filed grievances and appeals is documented in the ADMH 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	35	0%

Data Discussion:

No grievances and/or appeals were filed during the reporting period. Going forward, where grievances and/or appeals are filed during the reporting period, metrics reflecting the geographic region, nature and outcomes of these grievances and appeals will also be reported using data that is collected by the ADMH Office of Appeals and Constituency Affairs' and stored in the grievance and appeals database.

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

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

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

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

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

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

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

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

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

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

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

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

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

- Community-Based Residential Services
- Adult Family Home

**Data for the Reporting Period:**

Total CWP participants as of the last day of the reporting period with approved Person-Centered Plans who are receiving all CWP services* in settings that are not provider owned or controlled**	Total CWP participants as of the last day of the reporting period with approved Person-Centered Plans	Performance
N/A	N/A	N/A

**Data Discussion:**

No CWP participants began receiving services during the reporting period. Services have begun in the current quarter; therefore, data will be available to report on this metric in the next monitoring report.

## STC 41: Budget Neutrality and Financial Reporting Requirements

There were no administrative expenses or claims during this quarter.

## STC 41: Evaluation Activities and Interim Findings

STC 48 requires the State to submit to CMS a draft Evaluation Design, due no later than 180 days after CMS' October 21, 2021, approval of the demonstration. During this initial demonstration quarter, the development of the draft

Evaluation Design was in process. Health Management Associates (HMA), the State's Independent Evaluator, has been actively engaged with the State to further refine proposed evaluation measures for testing the hypotheses and research questions as submitted in the demonstration application. As part of drafting the Evaluation Design, key activities this quarter have included: identifying data sources, developing surveys and other data collection opportunities, implementing new data input processes for both the demonstration data and the control group data, and developing measurement methodologies to answer the research questions in preparation for the submission of the draft Evaluation Design in April 2022.

## STC 30: Preferred Provider Selection

### Preferred Provider Network

Historically, ADMH has managed an open provider network due to the State's obligation under federal law to contract with any willing provider for all 1915c waivers. Sometimes, the number of providers enrolled for a 1915(c) waiver have outweighed the capacity needed to serve people, leaving all providers with fewer referrals than needed to operate effectively and efficiently. This often resulted in high vacancy rates for Residential Habilitation. The State is obligated, however, under federal law to enroll any new agency that wants to provide Residential Habilitation services. Further, the State is required under federal law to monitor each of these new providers, in addition to continuing to monitor all existing providers. This results in overutilization of resources to support providers on the monitoring functions, leaving little if any resources for meaningful technical assistance and training. Over time, there can be a natural tendency to establish more rules and restrictions on flexibility in response to the poor performing providers.

Under the CWP 1115(a) demonstration waiver approval, the State received federal authorization to limit the provider network based on need/capacity and provider performance. While ensuring choice of provider for the individual is paramount, a limited provider network can be critical for ensuring providers can receive enough referrals to operate effectively and efficiently, and for ensuring flexibility providers need to deliver quality services. The Preferred Provider Network establishes quality measures for provider enrollment, based on stakeholder input (including providers), and establishes quality measures that will be used for maintaining providers in the network over time. This opportunity, available only through an 1115(a) demonstration waiver, gives the State the ability to better ensure the provider network is the highest quality, thus reducing the need for the State to impose large numbers of rules and restrictions that limit flexibility and allowing the State to rebalance state resources to offer more quality-oriented training and technical assistance to providers along with "right-sizing" the State's compliance monitoring (certification) processes.

The CWP Preferred Provider Network is charged with ensuring that the CWP maintains an adequate network of qualified providers that are: (1) recruited through an RFP process; (2) meet Preferred Provider Qualifications (PPQs) as set forth in applicable waiver agreements governing the CWP; and (3) are 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 shall be done in a systematic way, consistent with the standards, terms and conditions set forth in applicable waiver agreements governing the CWP.

ADMH is committed to maintaining an appropriate number of providers needed for each type of service offered in the new 1115(a) demonstration waiver based on the geographic area and number of enrollments anticipated and will track quality measures related to recruiting/selecting the provider network for the new 1115(a) demonstration waiver and quality measures related to maintaining providers in the network over time. The development of the Provider Network began in 2020 with the release of the first RFP. Ongoing work throughout 2021 focused on securing the necessary providers for all services in the CWP as well as an appropriate number of providers in each

of the eleven counties based on anticipated enrollments. The network is committed to ensuring ADMH promotes choice by securing at least two providers per service per region. The goal is to continue to expand the network until ADMH can expand choice by securing at least two providers per service per county.

### Indicators for Preferred Provider Selection

The State will monitor the provider capacity on a monthly and quarterly basis.

1. A Reporting tool has been developed and will be implemented in the second quarter. No Person-Centered Plans or Service Authorizations occurred in the first quarter.
2. The State will report its monitoring process and outcomes for indicators #3-#7 in the quarterly monitoring reports submitted to CMS as per STC 41.
3. By service and by region, the State will report any changes to the number of preferred providers. At the end of the first quarter of services for the CWP, Quarter 1, there were 28 providers supporting 33 services across the five regions. The number of services per region and service is provided in the chart below:

Service Provided	Number of Services by Region				
	Region 1	Region 2	Region 3	Region 4	Region 5
Support Coordination	N/A	2	N/A	N/A	N/A
Employment Supports - Individual Employment Support Exploration	3	5	3	4	4
Employment Supports - Individual Employment Support Discovery	1	4	3	4	4
Employment Supports - Individual Employment Support Job Development Plan	3	5	3	4	4
Job Employment Supports - Individual Employment Support Job Development	3	5	3	4	4
Employment Supports - Individual Employment Support Job Coaching	3	5	3	4	4
Employment Supports - Individual Employment Support Career Advancement	2	4	3	4	4
Employment Supports - Small Group Support	3	4	3	4	4
Employment Supports - Co-Worker Supports	3	5	3	3	4
Employment Supports - Integrated Employment Path	3	5	3	4	4
Personal Assistance - Home	6	5	5	6	6
Personal Assistance - Community	6	5	5	6	7
Independent Living Skills Training	5	4	4	5	6
Community Integration Connections & Skills Training	5	4	3	5	5
Community Transportation	2	1	1	4	3
Positive Behavior Supports	3	3	3	4	4
Breaks & Opportunities (Respite)	3	3	3	4	4

Service Provided	Number of Services by Region				
	Region 1	Region 2	Region 3	Region 4	Region 5
Family Empowerment Counseling and Systems Navigator Counseling	3	3	2	2	3
Peer Specialist Services	2	2	1	2	2
Financial Literacy and Work Incentives Benefits Counseling	2	3	2	2	1
Remote Supports Contractor	2	2	2	2	2
Remote Supports Backup Contractor	2	3	3	3	3
Minor Home Modifications	1	1	2	1	1
Supported Living Services	3	2	1	2	2
Housing Counseling Services	3	2	2	2	2
Housing Start-Up Assistance (SERVICE)	3	2	2	2	2
Skilled Nursing	3	3	3	3	5
Occupational Therapy	N/A	N/A	N/A	N/A	1
Physical Therapy	N/A	N/A	N/A	N/A	1
Speech & Language Therapy	N/A	N/A	N/A	N/A	1
Adult Family Home	2	2	2	2	4
Community-Based Residential Services	3	3	3	5	4
Assistive Technology and Adaptive Aids	3	3	3	3	4
<b>Total Services by Region</b>	<b>86</b>	<b>100</b>	<b>79</b>	<b>100</b>	<b>109</b>

4. By service and by region, the State will track the number of referrals, the number of referrals not accepted, and the referral acceptance rates.  
No Person-Centered Plans were initiated, therefore there is no data available for the quarter.
5. By service and by region, the State will track service initiation delays.  
No Person-Centered Plans were initiated, therefore, there were no initiation delays for the quarter.
6. When one or more providers report they are unable to expand the number of beneficiaries they are serving in a demonstrate delays in provider acceptance or service initiation, the State will 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).  
This process will be implemented starting in the second quarter. An Operational Guideline defining the process was developed and adopted in the first quarter.
7. In addition, within twenty (20) business days of the end of the reporting quarter, the State will also assess the provider capacity and, if necessary, will increase the number of preferred providers for each impacted service by region.
  - A. For each service in each region, the anticipated need for additional capacity will be compared to existing provider prospective capacity. The methodology for quantifying capacity need is detailed below:

Formula for quantifying anticipated need for additional capacity:

Sum (1+2+3) X 2 = Additional capacity needed. (Note: 1,2,and 3 are defined below.)

1. CWP participants in the region that were referred for the service during the quarter but did not have that referral accepted during the quarter. (Data Source: ADIDIS data entered by CWP Support Coordination providers, per 4.B above)
2. CWP participants in the region that were referred for the service during the quarter, had the referral accepted, but service initiation did not occur within 60 days of referral acceptance date during PHE or within 45 days of referral acceptance date outside of PHE. (Data Source: Monthly provider reports per 5.A.i above)
3. Total new CWP enrollees in the region anticipated for next month multiplied by the service utilization rate. (Data Source: CWP Slot Capacity Report; Claims Report)

*Service utilization rate methodology:*

*Numerator: Number of CWP participants using service*

*Denominator: Total number of CWP participants*

Quantifying existing provider prospective capacity:

1. Total reported prospective capacity for contracted providers of the service in the region. (Data Source: Aggregate Monthly Provider Capacity Report)

Formula for assessing provider capacity:

Numerator: Additional capacity needed

Denominator: Total existing provider prospective capacity

*Result greater than 1.0 requires increase in number of Preferred Providers for the service in the region.*

## Conclusion:

Despite the COVID-19 Public Health Emergency, the Alabama Medicaid Agency and Alabama Department of Mental Health are extremely pleased to have received federal approval for the Community Waiver Program and to have successfully launched the program on November 1, 2021. The first quarter brought successes and challenges, as outlined in this report. Overall, however, the first quarter brought documented progress on the goals of the demonstration, including implementation of tracking for key metrics illustrating the demonstration's operations and impact. The State anticipates data on these and additional metrics related to service delivery being available from quarter two, further illustrating how the demonstration is progressing with outreach, enrollments, service delivery, ensuring provider network quality and capacity, and most importantly, continuing to remove eligible individuals from the waiting list with an emphasis on keeping families together, promoting competitive integrated employment and delivering HCBS services in fully integrated community settings, thereby advancing the overarching goals of HCBS programs and the HCBS Settings Rule. Alabama partner agencies remain strongly committed to working with CMS to make the Community Waiver Program a national model.