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

DMH/DDD will host regional meetings, July 15-18, 2019, in order to present the key ideas in this Concept Paper to stakeholders, and to gather additional input. Invitations and details about these meetings may be found at: https://mh.alabama.gov/wp-content/uploads/2019/07/Updated-Stakeholder-Flyer-July-2019-Engagement-Sessions-Zoom-option.pdf

Comments on this Concept Paper may also be submitted through August 11, 2019 by the following means:

- Attend a regional meeting.
- Submit comments online at hcbs@mh.alabama.gov
- Submit comments by mail at: Alabama Department of Mental Health, Division of Developmental Disabilities, 100 North Union Street, Montgomery, AL 36130.

DMH/DDD will carefully consider all input gathered in developing further the application to CMS for the proposed new waiver discussed in this Concept Paper. This application will also be posted for public comment prior to submission to CMS.

Charting the Future of Alabama's Home and Community-Based Service Delivery System for Individuals with Intellectual Disabilities:

Executive Summary

This paper describes a proposal for how the State of Alabama can provide Medicaid Home and Community-Based Services to individuals with intellectual disabilities (and their families, for those that live with their families) who need these services in 2020 and beyond.

This proposal is 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. Individual and family input was gathered separately from provider input; but there were many similarities in what each stakeholder group said the priorities should be:

- 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

Up to this point, Alabamians with intellectual disabilities (ID) have received Home and Community-Based Services through two waiver programs: the Intellectual Disabilities (ID) waiver and the Living At Home (LAH) waiver. Approximately 5,035 individuals with ID are served on the ID waiver and 429 individuals with ID are served on the Living At Home Waiver.

There are still approximately 2,000 individuals with ID waiting for Home and Community-Based Services. This paper proposes that a new waiver be created that can serve individuals with ID who are not currently enrolled in the ID or LAH waivers.

Individuals with ID already enrolled in the ID or LAH waiver would remain on those waivers unless, after the new waiver has been operational for no less than 24 months, they voluntarily decide they would like to transition to the new waiver. The ID and LAH waivers will be renewed, as required by the federal government, every five (5) years so long as individuals remain enrolled in these waivers, to ensure continuity of services for current waiver participants.

The new waiver is planned to start April 1, 2020. The Alabama Legislature has appropriated enough new funding to initially serve 500 individuals with intellectual disabilities who are currently waiting for Home and Community-Based Services. This will allow Alabama to reduce the waiting list by 25% in the first year the new waiver is open.

By using recommendations from stakeholders and best practices from other states, it is possible to serve people with ID more cost-effectively while also providing individuals and their families with the supports and services they say they need most. The new waiver discussed in this concept paper is designed to achieve these outcomes, enabling 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, given that the average cost per-person of the existing waivers is 34% above the national average.

Please read on to learn more about the proposed new waiver and how it will work for Alabamians with ID and their families, and how the waiver will offer provider agencies an opportunity to move beyond some of the long-standing challenges they face with the existing ID and LAH waivers.

Introduction

The State of Alabama currently administers two Section 1915(c) Home and Community Based Services waiver programs for persons with intellectual disabilities (ID):

- The ID (Intellectual Disability) Waiver and
- The Living At Home Waiver

With limited exception (i.e., children under age three), the target population served in each of these waivers is individuals with an intellectual disability who qualify for the level of services that are provided in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Once a waiver is approved by the federal Centers for Medicare and Medicaid Services (CMS), the waiver must be renewed every five years. Ensuring continuity of services and the stability of the existing delivery system is an important priority. Accordingly, the state intends to renew these waivers as required, in order to ensure continuity of services for current waiver participants. The state is also required to ensure all service settings in these waivers comply with the federal Home and Community-Based Settings Rule by March of 2022. The state is currently working with all providers of ID and LAH waiver services to bring their settings into compliance by this deadline.

In addition, DMH/DDD and the Alabama Medicaid Agency are collaborating to develop a new program for people with intellectual disabilities that would:

- Be fully compliant with the federal Home and Community-Based Settings Rule from inception (from the start);
- Allow Home and Community-Based Services to be provided more cost-effectively so that more people who need these services can receive them.
- Enable people to be served before they and/or their family are in crisis, to prevent crisis from occurring
- Ensure providers delivering services in the new program have the best opportunity to focus on important goals for Home and Community-Based Services programs (e.g. community integration; opportunities for employment; helping people develop their

skills for independence) and are able to assist people using best practices that have been developed in both Alabama and other states.

Currently, Alabama leads the nation, with just a handful of other states (e.g. Oregon, Michigan, Vermont, Alaska, New Hampshire) with 98% or more of people with intellectual disabilities receiving long-term services and supports (LTSS) in home and community-based settings rather than in institutions.[1] In contrast however, Alabama is ranked 40th in terms of ensuring eligible individuals with intellectual disabilities do not have to wait for services, and ranked 41st in terms of keeping families together when a family includes an individual with an intellectual disability.[2] While nationally, over 70% of individuals with intellectual disabilities who receive long-term services and supports are supported to live in their family home or their own home, in Alabama only 39% of individuals served are supported to live in their family home or their own home. Additionally, Alabama is ranked last in the country in supporting people with intellectual disabilities to enjoy the benefits of working in their community while making a valuable contribution to the state's economy, despite the employment opportunities available due to a 3.7% state unemployment rate.[3][4] Some may conclude if Alabama had more money to spend on waiver services, these circumstances would not exist. Yet the average cost per-person for the existing Alabama waivers is 34% above the national average despite Alabama having the 7th lowest cost of living among states.[5]

As discussed in this Concept Paper, a broad range of stakeholders consistently conclude that the system for providing Home and Community-Based Services to people with intellectual disabilities in Alabama needs to change. DMH/DDD and the Alabama Medicaid Agency now have an opportunity to move the system forward through creation of a new program for people with intellectual disabilities.

A Single Waiver that Can Serve People with Varying Needs

The ID and LAH waivers are classified as 1915c Home and Community-Based Services waivers by the federal government. Many regulations exist governing 1915c waivers. Sometimes stakeholders ask for more flexibility in the existing waivers; but the state is unable to make that happen due to federal regulations.

Alabama stakeholders consistently raised the need for better, more individualized assessments and the ability to match the right type of services and the right amount of services to an individual's situation. The new waiver proposed would be a single waiver with multiple enrollment groups based on people's unique circumstances and needs. Rather than having to create and operate a separate 1915c waiver for each enrollment group, in order to customize the services and funding

[1] Medicaid Expenditure for Long-Term Services and Supports in FY2016 published by IBM Watson Health.
[2] UCP Case for Inclusion (2016).
[3] UCP Case for Inclusion (2016).
[4] US Bureau of Labor Statistics (Feb, 2019).
[5] Medicaid Expenditures for Long-Term Services and Supports in FY2014. Truven Health Analytics. Cost of living data based on CY2018. Retrieved from: https://www.missourieconomy.org/indicators/cost_of_living/

for each target group, the state is able to use a different federal waiver called an 1115 waiver. This allows the state to have one waiver that has multiple enrollment groups, offering a unique set of services and corresponding funding levels for each enrollment group. As a people's needs changes, they will not have to disenroll from one waiver and enroll in a different waiver; they will simply move between enrollment groups within the 1115 waiver.

Please note while many states have used an 1115 waiver to move their system to managed care, this is <u>not</u> the proposal in Alabama. Alabama seeks to use the flexibilities available through an 1115 waiver <u>without transitioning to managed care</u>, to show what can be accomplished without a risk-based, managed care framework.

The new 1115 waiver will initially be targeted to serving individuals with ID not currently receiving home and community-based waiver services. Individuals with ID already enrolled in the ID or LAH waiver would remain on those waivers.

The four proposed enrollment groups for the 1115 waiver are as follows:

1. Children with ID, ages 3-13, that are living with family or other natural supports.
2. Transition-age youth with ID, ages 14-22, who are living with family or other natural supports, or living independently (18-22).
3. Working-age and older adults, ages 23+, who are living independently, living with family or living with other natural supports.
4. Individuals 3+ who are not able to live independently, live with family or live with other natural supports.

When an individual enrolls in the new waiver, the person will fall into one of these target groups, and the target group will determine the set of supports and services available as well as the funding available. The program will also allow the state the ability to expand the program to cover eligible individuals with developmental disabilities (who don't have intellectual disabilities) when additional funding may become available for this purpose.

Stakeholder Input Used to Inform this Proposal

This proposal is 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. Individual and family input was gathered separately from provider input; but there were many similarities in what each stakeholder group said.

During each in-person listening session, questions were posed one at a time. Ample time was provided for group discussions of the questions. The questions posed were:

1) What type of services do people with ID/D need?
2) If a person with ID/D lives in the home with family, what kinds of supports do the family caregivers need?
3) How can services for ID/D be improved?

4) How can services to ID/D be more cost effectively so that more persons who need services receive them?

A complete ***Stakeholder Input Summary*** can be found at: https://mh.alabama.gov/wp-content/uploads/2019/07/2018-19-DMH-DDD-Stakeholder-Summary-21Jun19.pdf

Stakeholder Input: Services Individuals with ID and Their Families Need Most

The services that individuals with ID and their families reported they need most included:

- In-home services (e.g. Independent Living Skills Training, Personal Care, Home Modifications, Assistive Technology) *****
- Transportation*****
- Employment services*****
- Self-directed service options (with statewide listing of vetted workers)
- Family Education/Support
    - Peer to peer support (families supporting families)
    - Family Empowerment Counselor/Systems Navigator
    - Financial Literacy/Education/Benefits Counseling*****
    - Respite*****
- Individual Education/Support
    - Peer to peer support (people with ID supporting people with ID)
    - Financial Literacy/Education/Benefits Counseling*****
- Services to support meaningful days including opportunities outside the home
- Behavioral support services including crisis intervention (in-home and in-community)
- Therapies and skilled nursing
- Supported living services and supports (for those not living with family or other natural supports)

*****Provider stakeholders also identified these services as services that individuals with ID and their families need most.

Stakeholder Input: Best Ways to Serve More People with Limited Funding

When asked about the best ways the state could serve more people with limited funding, individuals with ID and their families said:

- Reduce reliance on segregated residential and day programs
- Serve people before they and their families get into crisis*****
- More engaged and informed case managers – providing comprehensive coordination of supports and services, including physical/behavioral health services (available through regular Medicaid) and generic community resources*****

- Use a better assessment tool to identify a person's specific needs and goals, and then ensure they get the right type of services in the right amount for their specific circumstances*****
- Bring services to people rather bringing people to services: provide services in people's own homes, family homes, and local communities*****
- Increase family engagement and family education on all community resources that are available to them and their family member with ID*****
- Allow families to be compensated in some way for their role in providing support to a person with ID that lives with his/her family
- Expand self-directed service options and increase flexibility in how individual budgets can be spent*****
    - Build and publicize a reliable network of workers that can be hired through self-direction
- Assistive technology (including greater use of technology to give people with ID greater independence and to align the number of direct support workers needed with the number actually available) *****
- Employment services including services for people with the most significant disabilities*****
- Respite services*
- Supported living options for people who aren't living with family or other natural supports*****
- Provide services, not otherwise available through other sources, to youth transitioning to adulthood to build on and preserve outcomes of public education*****
- Allow staffing ratios for Personal Care services other than 1:1

*****Provider stakeholders also identified these strategies for serving more people with limited funding.

Ensuring a High-Quality Provider Network and Setting Up High Quality Providers to Succeed

When stakeholders were asked to provide input on how to move the Home and Community-Based Services system for people with intellectual disabilities forward, they made suggestions related to improving circumstances for providers including:

- Design a better approach to monitoring and evaluating the quality of services delivered and provider organizations – measure what really impacts quality of life for individuals served and make sure everyone understands why certain things are being monitored and evaluated
- Find a way to reduce the number of rules and restrictions limiting flexibility for individuals served and providers
- Create financial incentives for providers who assist individuals to achieve meaningful community participation and involvement, consistent with their interests, including integrated competitive employment and community contribution (formal or informal volunteering)
- Create financial incentives (including removal of current disincentives) for providers who are able to fade staff supports by assisting individuals to learn/use skills for independence,

assisting individuals to expand their access to natural (unpaid) supports, and enabling individuals to benefit from technology supports

- Implement an easier process for an organization to become a provider and for families to become providers

Ensuring a High-Quality Provider Network for the New 1115 Waiver Program

In many states, excessive rules and restrictions in Home and Community-Based Services waiver programs have come about because the state must manage 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 1915c waiver outweighs the capacity needed to serve people, leaving all providers with less referrals than they really need to operate effectively and efficiently. As an example, in Alabama, there is currently an estimated 21% vacancy rate for Residential Habilitation yet the state is obligated under federal law to, every year, enroll any new agency that wants to provide Residential Habilitation services. The state is then required, under federal law, to monitor each of these new providers, in addition to continuing to monitor all existing providers. *Note: Alabama does monitoring through certification.* The state ends up spending most of its 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. The result is that the better performing providers must then operate under the same rules and restrictions, which limits their ability to be flexible, negatively impacting both those being served and staff employed to provide direct supports. All of these issues can stem from the state's fundamental inability to limit the provider network, based on need/capacity and based on performance, in 1915c waivers.

With 1115 waivers, the state is able to request federal approval 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 that providers can receive enough referrals to operate effectively and efficiently, and for ensuring flexibility providers need to deliver quality services. With 1115 waivers, the state is able to propose a certain number of providers that will be available in a geographic area for each type of service offered, in order to ensure a waiver participant always has choice; but the state does not have to enroll more providers than are needed, avoiding a situation where referrals are spread too thin for any of the providers to thrive. Additionally, the state is able to establish quality measures for provider enrollment, based on stakeholder input (including providers), and to establish quality measures that will be used for maintaining providers in the network over time. This opportunity, available only through an 1115 waiver (not through 1915c waivers) 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.

DMH/DDD and Alabama Medicaid are committed to working with stakeholders, including providers, to ensure there is an appropriate number of providers needed for each type of service offered in the new 1115 waiver (based on the geographic area and number of enrollments anticipated); quality measures to be used in recruiting/selecting the provider network for the new 1115 waiver; and quality measures that will be used for maintaining providers in the network over time. DMH/DDD and Alabama Medicaid welcome and encourage comments submitted in response to this Concept Paper that address this topic.

Setting Up a High-Quality Provider Network to Succeed in the New 1115 Waiver Program
Stakeholder input gathered also pointed to the importance of ensuring financial incentives for providers are aligned with the program outcomes that are desired. In other words, there is a need to ensure both the removal of any financial disincentives, and to create some targeted financial incentives, for providers to provide the services individuals with ID and their families need most. 1115 waivers, unlike 1915c waivers, allow the state to more easily build reimbursement models that reward providers for assisting individuals to achieve outcomes, rather than only paying for services delivered without regard for outcomes. All stakeholders, including providers, want positive outcomes to result from services; but the traditional fee-for-service system has not ensured that providers producing the best outcomes actually receive greater reimbursement. The 1115 waiver allows the state to look at different payment models, both for provider agencies and self-direction workers, to address the importance of services resulting in positive outcomes where individuals with ID can achieve their goals.

In response to stakeholder input, DMH/DDD and Alabama Medicaid are committed to working with stakeholders, including providers interested in participating in the 1115 waiver network, to establish reimbursement rates and payment models that reward high quality providers assisting individuals with ID and their families to achieve their goals, rather than tying reimbursement solely to the volume of service delivered.

Comprehensive Supports and Services Coordination: A Different Approach for Case Management

All types of stakeholders consistently identified the need for more engaged and informed case managers that can provide comprehensive coordination of supports and services. DMH/DDD sees this as including physical and behavioral health services (services available through the regular Medicaid program), other public system services (e.g. ADRS; school system; Career Centers, community mental health centers, etc.) and generic community services and resources. All types of stakeholders also consistently recommended using a better assessment tool to identify a person's specific needs and goals, and to ensure each person gets the right type of services in the right amount for their specific circumstances. Based on stakeholder input,

DMH/DDD believes this requires a different type of case manager, filling a different role, and using different tools.

DMH/DDD proposes to create a Support Coordination role in lieu of the traditional case manager role that has been in place in the ID and Living At Home waivers. The Support Coordinator would receive different training focused on more holistic approaches to assessment, person-centered planning and community resource coordination in addition to traditional service coordination. Additionally, the Support Coordinator would receive training specific to working with individuals with ID who are living with family, with a focus on supporting and empowering both the individual with ID and his/her family. Further, the Support Coordinator would receive specialized training on supporting exploration, planning and coordination of services to facilitate competitive integrated employment, community contribution and community involvement consistent with an individual's unique strengths and interests. Finally, Support Coordinators would be trained to fully understand the various supports and services available through the 1115 waiver program, including the intended outcomes each service or support is expected to facilitate as well as what best practice implementation of each service looks like.

While existing case management agencies are likely to be used to provide Support Coordination for the 1115 program, it is expected these agencies will hire and/or assign specific Support Coordinators to work with 1115 waiver enrollees.

The Waiting List

Information on the current waiting list shows the number of individuals with ID who have placed their name on the waiting list at some point in time. It is important to note that while some people on the waiting list want services as soon as possible, all people on the waiting list may not be interested in receiving services at this time. People typically place their names on the list in advance of actually needing services because they are told there will be a wait and getting on the list as early as possible is a good idea. There is no routine annual outreach done to people on the waiting list to update their current status.

Number on Waiting List by Region		
Region 1	460	22.97%
Region 2	212	10.58%
Region 3	274	13.68%
Region 4	322	16.08%
Region 5	733	36.60%
Not identified	2	0.10%
TOTAL	2003	100%

Number on Waiting List By Age Range		
70+	35	1.75%
60-69	84	4.19%
50-59	133	6.64%
40-49	193	9.64%
30-39	502	25.06%

20-29	899	44.88%
14-19	146	7.29%
Under 14	11	0.55%
	2003	100%

Where do the vast majority of individuals on the waiting list currently live?

With family	76.19%
Own home, renting own home	15.88%
Total	**92.07%**

These percentages are generally consistent across all five regions.

Six counties with largest numbers on waiting list:

Jefferson (Region 5)	439
Madison (Region 1)	112
Mobile (Region 3)	108
Baldwin (Region 3)	97
Tuscaloosa (Region 2)	87
Montgomery (Region 4)	81
Total (6 counties-all regions represented)	**924**

46% of current waiting list individuals reside in 6 counties. This is 9% of all Alabama counties.

Rolling Out the New Program Successfully

To provide the services individuals with ID and their families say they need most, as discussed earlier in this paper, the new 1115 waiver program will need to provide services that are different from the services that are typically provided now. Currently, just two types of service account for roughly 90% of all spending on the ID and Living At Home waivers: 78% of current spending is on Residential Habilitation and 12.5% of current spending is on Day Habilitation. These are not the service types that stakeholders with ID and their families (and provider stakeholders) said individuals with ID and their families, who currently don't have services, need most.

Therefore, the new 1115 waiver program will need providers willing and able to offer a different set of services, including some that are already available (but not utilized) under the existing ID and Living At Home waivers and some that are new services. For willing providers to be successful, they not only need fair and adequate reimbursement rates for these services, but they also need sufficient referrals if they invest in developing the capacity, expertise, infrastructure and culture within their organizations to provide a different set of services. Additionally, stakeholders consistently asked for a different approach to case management: use of a better assessment and the need for more engaged and informed case managers that can provide comprehensive coordination of supports and services.

Given these expectations for the new 1115 program, experience from other states suggests it can be challenging for providers and support coordination (case management) agencies, if the program initially has a limited number of enrollment slots available, but the program is rolled out on a full, statewide basis from day one. It can prove very difficult for providers to do what is necessary to invest in being part of the new program's provider network and then receive only a

handful of sporadic referrals if the number of statewide slots is initially around 500 and people with ID could be enrolled anywhere in the state. In contrast, a state could choose to initially roll out the program in a more targeted way, piloting the program in a specific number of geographic areas while ensuring at least one pilot area in each region of the state.

DMH/DDD proposes to identify no less than one pilot area in each region by releasing an RFP to providers and case management agencies throughout the state, inviting applications from those provider and case management agencies that want to provide services in the new 1115 waiver program. This will ensure a fair opportunity for all providers and case management agencies to be considered for participation in the initial piloting of the new 1115 program, and is further expected to encourage multiple providers and/or a provider(s) and case management agency to collaborate in responding to the RFPs. DMH/DDD proposes to choose no less than one pilot area in each region of the state, based on responses to the RFP from providers and case management agencies.

This will ensure that the new 1115 program is piloted in areas of the state where there is strong support from providers and case management agencies for working together to make the new program a success for individuals with ID in their area. Further, with a more targeted approach, both support coordination (case management) and service provider agencies are likely to be able to hire dedicated staff that are trained specifically to serve individuals with ID and their families enrolled in the new 1115 waiver program. **This pilot-based approach will also allow the state to carefully roll out the new program, with specific focus on ensuring that support coordination (case management) agencies and providers participating get the technical assistance, training and support they need to be successful, while also investing in focused efforts to support the expansion of self-directed services in these geographic areas. These "pilot" areas will then serve as the blueprint for broader expansion of the program after year one.** Therefore, the state is proposing and seeking input on using the 500 slots available in the first year of the new 1115 waiver's operation to target **no less than one pilot area in each region**, which will be selected based on the response to the statewide RFP process for providers and case management agencies.

It is critically important to note that additional slots will be reserved for statewide enrollments of those in crisis, as has historically been done up to this point. Therefore, anyone who would have typically been taken off the waiting list and served due to crisis (criticality score) would still be served regardless of where they live. If an individual in crisis resides in one of pilot areas for the new 1115 waiver program, the individual will be enrolled in the new 1115 waiver. If an individual in crisis resides outside of the pilot areas for the new 1115 waiver program, the individual will be enrolled in the ID waiver.

Ensuring adequate support for the provider and case management agency network, including an approach to launching the new 1115 waiver program that is most likely to ensure provider and case management agency success, is a critical priority for DMH/DDD. The proposed approach described above is intended to address key challenges that have arisen in other states with a statewide rollout of a new program that initially had limited slot capacity. Further, the RFP process is a fair and equitable process for all providers and case management agencies throughout the state, allowing DMH/DDD to objectively identify the providers and case management

agencies that are ready, willing and able to work with the Department to successfully roll out the new 1115 waiver program.

Ensuring Capacity to Expand the 1115 Waiver Over Time

Effective April 1, 2020, the dollars associated with attrition slots in the ID and Living At Home Waivers (vacated slots resulting from individuals passing away, moving out of state, or disenrolling from these waivers for other reasons) will be transferred, on an annual, on-going basis, to the new 1115 waiver program to fund additional enrollment in the 1115 waiver program, allowing for the expansion of the geographic area where the 1115 waiver program is available in each region. DMH/DDD will submit a technical amendment to CMS each year, revising the number of unduplicated participants in the ID and Living At Home Waivers, as required by federal law. Simultaneously, DMH/DDD and Alabama Medicaid will further notify CMS of its intent to transfer the dollars, freed up through attrition, to the 1115 program to expand the number of slots available in the 1115 program.

Additionally, the state will prepare and present evaluation information on the 1115 waiver to the state legislature in order to demonstrate its cost-effectiveness, ability to assist individuals with ID to achieve their goals and have their needs met, and the program's track record in ensuring health, safety and all aspects of quality (e.g. case management, provider network, individual metrics). It is expected that the program's outcomes will demonstrate the merits of further state investment, with the recognition that for every new state dollar invested, Alabama is able to capture $2.57 in federal match for services.

Enrollment Groups and Services Available for Each Group

The four proposed enrollment groups for the 1115 waiver are as follows:

1. ***Essential Family Preservation Supports:*** Children with ID, ages 3-13, that are living with family or other natural supports.
2. ***Seamless Transition to Adulthood Supports***: Transition-age youth with ID, ages 14-22, who are still in school and living with family or other natural supports, or living independently (18-22).
3. ***Family, Career and Community Life Supports***: Working-age and older adults, ages 23+, who are living independently, living with family or living with other natural supports.
4. ***Supports to Sustain Community Living:*** Individuals 3+ who are not able to live independently, live with family or live with other natural supports.

Essential Family Preservation Supports is proposed to target children living with family (or other natural supports) who are ages 3-13, have an intellectual disability and meet ICF/IID level of care, or except for the availability of HCBS is "at risk" for meeting this level of care. In addition to the supports and services available through the 1115 waiver, children enrolled in Essential Family Preservation Supports will have access to the full array of benefits provided through EPSDT[6], public school system supports including special

[6] The Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid.

education services, and other community resources available to families of young children. Essential Family Preservation Supports will supplement but not supplant family and natural supports, EPSDT, school and Special Education services and other community resource. Essential Family Preservation Supports will fill gaps, thereby assisting families with the unique challenges of supporting a child with an intellectual disability to thrive.

Proposed Services and Supports Available for *Essential Family Preservation Supports* Enrollment Group

Enrollment Group	**Essential Family Preservation Supports**
Target Population	Children living with family (or other natural supports) who are ages 3-13, have an intellectual disability and meet ICF/IID level of care, or except for the availability of HCBS are "at risk" for meeting this level of care.
Services ***Option to self-direct**	Support Coordination *Personal care and assistance services: at home and in the community *Daily living skills training *Community (non-medical) transportation In-home positive behavioral support services including counseling and therapeutic services, crisis prevention/intervention/stabilization services Respite: *regular and emergency (i.e. temporary out-of-home placement) Family empowerment counselor/systems navigator services Family caregiver education and training Financial literacy and benefits counseling services Family caregiving preservation stipend Counseling and assistance with alternatives to full legal guardianship Assistive technology and adaptive aids

Under the Social Security Act Section 1905(r)(5), states are required to provide any medically necessary health care services listed at section 1905 (a) of the Social Security Act to correct and ameliorate physical and mental conditions even if the service is not included under the state's Medicaid plan.

	Minor home modifications
Expenditure Cap	To be determined, consistent with DMH/DDD budget authority and federal budget neutrality requirements, and provided in the waiver application posted for public comment.[7]

Seamless Transition to Adulthood Supports is proposed to target transition-age youth with an intellectual disability, ages 14-22, living with family (or other natural supports). The youth enrolled will meet ICF/IID level of care, or except for the availability of HCBS is "at risk" for meeting this level of care. In addition to the supports and services available through the 1115 waiver, youth enrolled in Seamless Transition to Adulthood Supports will have access to public school system supports including Special Education services, Pre-Employment Transition Services and other vocational rehabilitation services available through ADRS, youth programs through the AlabamaWorks! Career Centers, other community resources available to youth in this age range, and EPSDT for youth under age 21. Seamless Transition to Adulthood Supports will supplement but not supplant family and natural supports and all of these other resources. Seamless Transition to Adulthood Supports will fill critical gaps, thereby assisting youth with an intellectual disability to successfully transition from high school to adulthood. Particular focus will be on assisting young adults transitioning from school into integrated, competitive employment, including Project SEARCH[8] graduates, and building skills for independence and full participation in their communities.

Proposed Services and Supports Available for *Seamless Transition to Adulthood Supports* Enrollment Group

Enrollment Group	**Seamless Transition to Adulthood Supports**
Target Population	Transition-age youth with an intellectual disability, ages 14-22, who meet ICF/IID level of care, or except for the availability of HCBS are "at risk" for meeting this level of care. Youth will be either living with family (or other natural supports) or, if ages 18-22, could also be living independent of family or other natural supports.

[7] Per federal regulations, for an 1115 waiver to be approved, the total cost of the new waiver cannot exceed what would have otherwise been the cost to serve the same population under the existing waivers. This is budget neutrality.

[8] Project SEARCH is a high school transition initiative that targets students with intellectual and other disabilities in their last year of high school. The program provides real-life internships combined with training in employability and independent living skills to help youths with significant disabilities make successful transitions from school to productive adult life. Between 90 and 100% of the participants complete the program and are offered a job. The availability of wrap-around employment services can be critical to their continued employment success.

Services ***Option to self-direct**	Support Coordination Employment services (limited for individuals ages 14-15; job coaching services may be self-directed) *Personal care and assistance services: at home; in the community; and to support integrated community employment *Independent living skills training *Community (non-medical) transportation In-home positive behavioral support services including counseling and therapeutic services, crisis prevention/intervention/stabilization services Respite: *regular and emergency (i.e. temporary out-of-home placement) Family empowerment counselor/systems navigator services Family caregiver education and training Peer specialist services including self-advocacy and self-determination training Family caregiving preservation stipend Counseling and assistance with establishing alternatives to full legal guardianship Financial literacy and benefits counseling services Assistive technology and adaptive aids (including personal emergency response system) Remote support technology assessment and planning services Minor home modifications Supported living services (for those ages 18-22, if needed) Housing counseling services (for those ages 18-22, if needed) Housing start-up assistance (for those ages 18-22, if needed)
Expenditure Cap	To be determined, consistent with DMH/DDD budget authority and federal budget neutrality requirements, and provided in the waiver

	application posted for public comment.[9]

Family, Career and Community Life Supports is proposed to target working-age and older adults with an intellectual disability, ages 23+, who meet ICF/IID level of care, or except for the availability of HCBS are "at risk" for meeting this level of care. Adults in this enrollment group will be living in their own home (either owned or leased and not provider owned or controlled), living with family or living with other natural supports. Family, Career and Community Life Supports focus on preserving the individual's living situation, maximizing the person's skills for independence and community contribution, supporting full access to the community and engagement in community life, including opportunities for integrated, competitive employment**.** In addition to the supports and services available through the 1115 waiver, adults enrolled in Family, Career and Community Life Supports will have access to vocational rehabilitation services available through ADRS, employment resources and programs available through the AlabamaWorks! Career Centers, all other generic community resources available in the individual's local community and county of residence. Family, Career and Community Life Supports will supplement but not supplant family and natural supports and all of these other resources.

Proposed Services and Supports Available for *Family, Career and Community Life Supports* Enrollment Group

Enrollment Group	**Family, Career and Community Life Supports**
Target Population	Working-age and older adults with an intellectual disability, ages 23+, who meet ICF/IID level of care, or except for the availability of HCBS are "at risk" for meeting this level of care. Adults in this enrollment group will be living in their own home (either owned or leased and not provider owned or controlled), or living with family (or other natural supports).
Services ***Option to self-direct**	Support Coordination *Employment services (job coaching may be self-directed) *Personal care and assistance services: at home; in the community; and to support integrated community employment *Independent living skills training *Community integration supports

[9] Per federal regulations, for an 1115 waiver to be approved, the total cost of the new waiver cannot exceed what would have otherwise been the cost to serve the same population under the existing waivers. This is budget neutrality.

	*Community (non-medical) transportation In-home positive behavioral support services including counseling and therapeutic services, crisis prevention/intervention/stabilization services Respite: *regular and emergency (i.e. temporary out-of-home placement) Family empowerment counselor/systems navigator services Family caregiver education and training Peer specialist services including self-advocacy and self-determination training Family caregiving preservation stipend Counseling and assistance with establishing alternatives to legal guardianship Financial literacy services and benefits counseling Assistive technology (including adaptive aids, communication aids, personal emergency response system) Remote support technology assessment and planning services Minor home modifications (including remote support technology) Supported Living Services Housing counseling services Housing start-up assistance Therapies (OT, PT, ST) focused primarily on development of therapy plan and training of family and/or paid staff who will implement
Expenditure Cap	To be determined, consistent with DMH/DDD budget authority and federal budget neutrality requirements, and provided in the waiver application posted for public comment.[10]

Supports to Sustain Community Living is proposed to target individuals, ages 3+, who have an intellectual disability, meet ICF/IID level of care, and are not able to live independently or live with family (or other natural supports). In addition to the supports and services available through the 1115 waiver, the following programs, services and resources will also be

[10] Per federal regulations, for an 1115 waiver to be approved, the total cost of the new waiver cannot exceed what would have otherwise been the cost to serve the same population under the existing waivers. This is budget neutrality.

available:

- Children ages 3-13, enrolled in Supports to Sustain Community Living will have access to the full array of benefits provided through EPSDT[11], public school system supports including Special Education services, and other community resources available to young children. Supports to Sustain Community Living will supplement but not supplant these other programs and existing natural supports, while also focusing efforts on building additional natural supports over time.
- Youth ages 14-22 enrolled in Supports to Sustain Community Living will have access to public school system supports including Special Education services, Pre-Employment Transition Services and other vocational rehabilitation services available through ADRS, youth programs through the AlabamaWorks! Career Centers, other community resources available to youth in this age range, and EPSDT for youth under age 21. Supports to Sustain Community Living will supplement but not supplant natural supports and all of these other resources, while also focusing efforts on building additional natural supports over time.
- Adults, ages 23+, enrolled in Supports to Sustain Community Living will have access to vocational rehabilitation services available through ADRS, employment resources and programs available through the AlabamaWorks! Career Centers, all other generic community resources available in the individual's local community and county of residence. Supports to Sustain Community Living will supplement but not supplant natural supports and all of these other resources, while also focusing efforts on building additional natural supports over time.

Supports to Sustain Community Living will focus on the same goals as the other enrollment groups, given the age of the individual, and also focus on ensuring the least restrictive and most integrated residential option is utilized, providing opportunities for individuals to learn skills for greater independence while also having opportunities and supports for integrated, competitive employment, community contribution and community participation.

Proposed Services and Supports Available for *Supports to Sustain Community Living* Enrollment Group

Enrollment Group	**Supports to Sustain Community Living**
Target Population	Individuals, ages 3+, who have an intellectual disability, meet ICF/IID level of care, and are not able to live independently or live with family (or other natural supports).

[11] The Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. Under the Social Security Act Section 1905(r)(5), states are required to provide any medically necessary health care services listed at section 1905 (a) of the Social Security Act to correct and ameliorate physical and mental conditions even if the service is not included under the state's Medicaid plan.

Services ***Option to self-direct**	Support Coordination *Employment services (job coaching may be self-directed) *Personal care and assistance services: in the community; and to support integrated community employment *Independent living skills training *Community integration supports *Community (non-medical) transportation Positive behavioral support services including: plan development and training/technical assistance for support staff implementing plan; crisis prevention/intervention/stabilization services Peer specialist services including self-advocacy and self-determination training Financial literacy services and benefits counseling Assistive technology (including adaptive aids, communication aids, personal emergency response system) Remote support technology assessment and planning services Adult family home Community-based residential services Therapies (OT, PT, ST) focused primarily on development of therapy plan and training of support staff/natural supports who will implement
Expenditure Cap	To be determined, consistent with DMH/DDD budget authority and federal budget neutrality requirements, and provided in the waiver application posted for public comment.[12]

Adjustments will be made in the level of care determination process to:

- define and identify individuals considered to be "at risk" of ICF/IID level of care;
- ensure that the process accurately identifies the level of assistance required by individuals with an intellectual disability; and

[12] Per federal regulations, for an 1115 waiver to be approved, the total cost of the new waiver cannot exceed what would have otherwise been the cost to serve the same population under the existing waivers. This is budget neutrality.

- ensure an appropriate level of services and supports are available by establishing appropriate expenditure caps for each enrollment group, reflecting the expectation that individuals with ID meeting ICF/IID level of care and those at risk of meeting this level of care will both be served in the same enrollment groups, except for the fourth enrollment group (Supports to Sustain Community Living) which will only enroll individuals meeting ICF/IID level of care.

The Self-Direction Option within the 1115 Waiver

The self-direction model will be a modified budget authority model. The Self-Direction budget will be established based on a comprehensive assessment of the individual's needs for assistance with activities that can be addressed through 1115 waiver services that can be self-directed. Once determined, the individual (or his/her legal guardian working with and in the best interests of the individual) will be able to manage those services available through Self-Direction that are specifically designed to meet those assessed needs, so long as individual service limits (as applicable) and the individual's total Self-Direction budget is not exceeded. A Fiscal Employment Agency (FEA) will also be utilized and Family Advocate or Peer Specialist services can be used for individuals and legal guardians new to Self-Direction.

Proposed Enrollment Priority Categories

In addition to reserving a specific number of enrollment slots for people in crisis (formerly those who would have gotten enrolled in existing waivers due to criticality score or other reserve capacity groups as stated in the approved waiver applications), the following enrollment priority categories would be established:

- Eligible individuals with ID who have a goal of family preservation (sustaining the family living arrangement)
- Eligible individuals with ID wanting integrated community employment or needing supports to sustain integrated community employment they already have

Individuals on the waiting list and other eligible individuals with ID that reside in the pilot areas will be invited to apply to enroll in the new program when it opens April 1, 2020. Those who fall into the above categories will be immediately enrolled into the program up to and until the program reaches full capacity. Full capacity will be at least 500 slots in the first year of operation.

Addressing the Requirement for a Quality Assurance System

DMH/DDD is committed to working closely with stakeholders to ensure a person-centered approach, and define a comprehensive quality assurance and continuous quality improvement strategy for the proposed new 1115 waiver program that moves beyond the current compliance-oriented certification process used in the ID and LAH waivers. DMH/DDD invites comments addressing how the certification and quality assurance approaches could or should be designed differently for the new 1115 waiver program.