

Community Waiver Program

ID/LAH Wavier Support Coordinator

Data Collection to Support Evaluation

ADIDIS Tutorial for Data Entry to Support Evaluation

October 28, 2021

Evaluation Overview

- Evaluation required by CMS
- External, independent evaluator must be used (HMA: Health Management Associates)
- Certain measures require data collection and reporting by Support Coordinators



Evaluation Measures Requiring ID/LAH Support Coordinator Data Collection

- How many waiver participants are living in settings that are not owned/controlled by residential providers?
- How many waiver participants are working in competitive integrated employment?
- How much use of non-waiver supports and services occurs to address individual goals and outcomes?

Residence Type

- How many waiver participants are living in settings that are not owned/controlled by residential providers?
- Support Coordinators will verify “residence type” when a person enrolls in ID/LAH and then verify at each QUARTERLY Face-to-Face (F2F) visit with the enrollee.

Residence Type (continued)

- Residence type is a field in ADIDIS with drop-down menu from which SC's select the correct option.
- There is also a field for SC to enter the date the residence type is updated (verified as accurate) by the SC
- After each QUARTERLY Face-to-Face visit, the Support Coordinator must update the date for the "residence type" in ADIDIS. *Enter the date of the F2F visit you did.*
- The residence type would also be changed IF the residence type has changed. If the residence type hasn't changed, don't change this field.



File

[File](#) - [Print](#)

Quick Search

Doe



Clients



Last Name



GO



[ADVANCED SEARCH](#)

MY ADIDIS

CLIENTS

PROVIDERS

REPORTS

7 Quick Search Result record(s) returned - now viewing 1 through 7

	Case No	Last Name	First Name	SSN	DOB	Status	MemberID	Relation	ContactID	
<input type="checkbox"/>	440361	Doe	James	999-63-2517	05/12/1982	Active		Yes	454827	▼
<input type="checkbox"/>	440331	Doe	Jamie	451-28-4135	06/12/1986	Active		No	454748	▼
<input type="checkbox"/>	440317	Doe	Jane	999-24-9224	03/31/1977	Active		Yes	454720	▼
<input type="checkbox"/>	440318	Doe	John	999-72-0412	04/12/1972	Active	179	Yes	55240	▼
<input type="checkbox"/>	440319	Doe	John	999-99-1452	03/27/1950	Active		No	454722	▼
<input type="checkbox"/>	440358	Doe	Josephine	354-16-5249	04/06/1995	Active		Yes	454808	▼
<input type="checkbox"/>	440359	Doe	Keith	513-48-2351	04/12/1972	Active		Yes	454810	▼

<< First < Previous Retrieve 15 Records at a time Next > Last >>

Residence Type

Step 1: Search for Client using either Quick Search or Advanced Search and click Go.

If multiple Clients are returned, click on the Client you need

James Doe
Last Updated by rebkeith
at 10/5/2021 7:47:56 AM

Demographics | Sign Out | Skip to main content

Role: CWP Support Coordinator

File Edit Tools Reports Word Merge

File - Add New Client - Print
 Edit - Edit Demographics
 Tools
 Reports - Alabama Wait List Application Report - ICF/MR Level of Care Evaluation
 Word Merge - Free Choice of Provider - ID Dissatisfaction of Services

Quick Search
 Clients Last Name [ADVANCED SEARCH](#)

MY ADIDIS **CLIENTS** PROVIDERS REPORTS

Doe, James (440361)

Demographics Open To ADIDIS Enrollments Programs MR Wait List Contacts Auths Notes
 Person Service Plan Assessments Diagnosis Fund Eligibility Medications
 Progress Notes

Demographics	
Alias	Preferred First Name
Gender: Male	SSN: 999-63-2517
Date of Birth: 5/12/1982	Ethnicity
Age: 39.4	Hispanic Origin
Date of Death	Marital Status
SUDS ID	Date residence type updated
Case ID: 440361	Residence Type: Own Family's Home
Original Member ID: 440361	Current Member ID: 500000485961
First Name: James	Status: Active
Last Name: Doe	CWP Enrollment Group: CWPc: Working age or Older Adults (23+) - With Family or Independent
Middle Initial	CWP Priority Category: Ages 22+ with goal to preserve current family/independent living situation and goal to obtain/maintain

Client Address

Street: 1234 Main Street	Home Phone Number
--------------------------	-------------------

Residence Type

Step 2: To Edit the “Date residence type updated” and “Residence Type” fields on the Client Demographics screen, select ‘Edit Demographics’ link in the upper left



File Tools

File - Spell Check - Save Demographics - Save and Close Demographics - History - Print - Close Demographics
Tools - Upload Photo -

Demographics

Basic Demographics

Salutation	<input type="text"/>
Last Name *	<input type="text" value="Doe"/>
First Name *	<input type="text" value="James"/>
Preferred First Name	<input type="text"/>
Middle Name	<input type="text"/>
Suffix	<input type="text"/>
Alias	<input type="text"/>
DOB *	<input type="text" value="05/12/1982"/>
Age	<input type="text" value="39.4"/>
Date Of Death	<input type="text"/>
Gender *	<input type="text" value="Male"/>
Preferred Gender	<input type="text"/>
Marital Status	<input type="text"/>
Date residence type updated	<input type="text"/>
Residence Type *	<input type="text" value="Own Family's Home"/>
SSN *	<input type="text" value="999-63-2517"/>
Medicaid ID *	<input type="text" value="500000485961"/>
CWP Enrollment Group	<input type="text" value="CWPC: Working age or Older Adults (23+) - Wi"/>
CWP Priority Category	<input type="text" value="Preserve existing living arrangement"/>

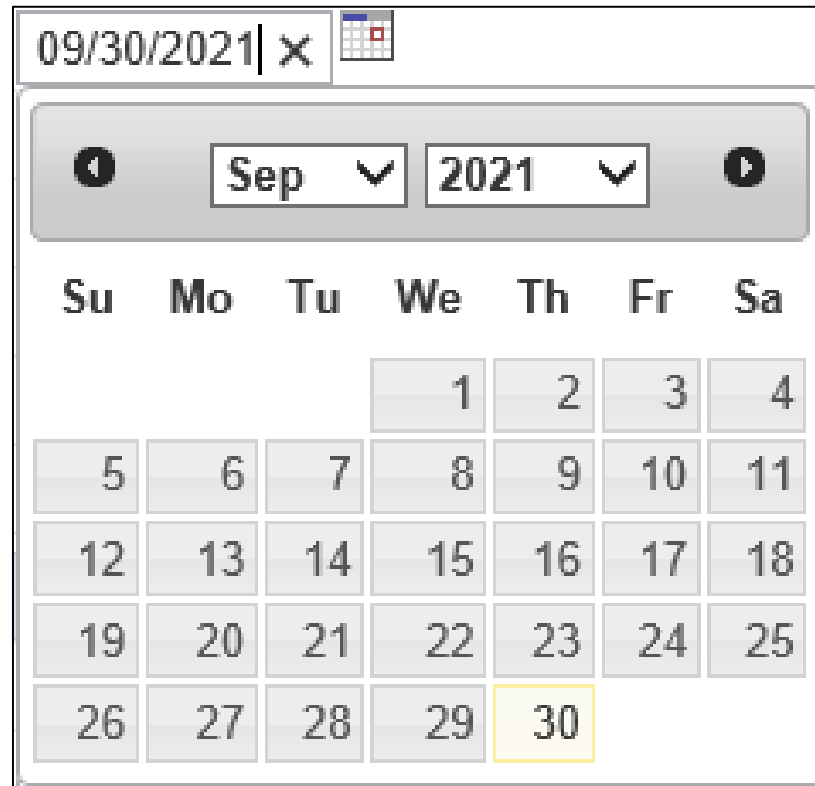
Client Address

Street *	<input type="text" value="1234 Main Street"/>
Street 2	<input type="text"/>
City *	<input type="text" value="Montgomery"/>
State *	<input type="text" value="Alabama"/>
Zip Code *	<input type="text" value="36106"/>
County *	<input type="text" value="Montgomery"/>
Region of Residence *	<input type="text" value="Region 4"/>
Fiscal Region *	<input type="text" value="Region 4"/>
Home Phone Number	<input type="text"/>
Extension	<input type="text"/>



Residence Type

Step 3: The “Date residence type updated” and “Residence Type” fields are located under the Basic Demographics section of the Edit Demographics



Residence Type

Step 4: The “Date residence type updated” is a date selection field, or you can manually enter a date in the MM/DD/YYYY format

Own Family's Home

Other Natural Support's Home

Self Owned/Rented Home 1 Residents

Self Owned/Rented Home 2-3 Residents

Self Owned/Rented Home 4+ Residents

Host Family/Foster Home 1 Residents

Host Family/Foster Home 2-3 Residents

Group Home 1-3 Residents

Group Home 4-6 Residents

Group Home 7-15 Residents

Facility 16+ Residents

Homeless

Residence Type

Step 5: Residence Type is a drop-down list.

Select the appropriate Residence Type for the Client.



File Tools

[File](#) - [Spell Check](#) - [Save Demographics](#) - [Save and Close Demographics](#) - [History](#) - [Print](#) - [Close Demographics](#)

[Tools](#) - [Upload Photo](#) -

Basic Demographics	
Salutation	<input type="text"/>
Last Name *	<input type="text" value="Doe"/>
First Name *	<input type="text" value="James"/>
Preferred First Name	<input type="text"/>
Middle Name	<input type="text"/>
Suffix	<input type="text"/>
Alias	<input type="text"/>
DOB *	<input type="text" value="05/12/1982"/>
Age	<input type="text" value="39.4"/>
Date Of Death	<input type="text"/>
Gender *	<input type="text" value="Male"/>
Preferred Gender	<input type="text"/>
Marital Status	<input type="text"/>
Date residence type updated	<input type="text"/>
Residence Type *	<input type="text" value="Own Family's Home"/>
SSN *	<input type="text" value="999-63-2517"/>
Medicaid ID *	<input type="text" value="500000485961"/>
CWP Enrollment Group	<input type="text" value="CWP: Working age or Older Adults (23+) - Wi"/>
CWP Priority Category	<input type="text" value="Preserve existing living arrangement"/>
Client Address	
Street *	<input type="text" value="1234 Main Street"/>
Street 2	<input type="text"/>
City *	<input type="text" value="Montgomery"/>
State *	<input type="text" value="Alabama"/>
Zip Code *	<input type="text" value="36106"/>
County *	<input type="text" value="Montgomery"/>
Region of Residence *	<input type="text" value="Region 4"/>
Fiscal Region *	<input type="text" value="Region 4"/>
Home Phone Number	<input type="text"/>
Extension	<input type="text"/>

Measure #2: Residence Type
Step 6: Once the fields have been updated,
select the Save and Close Demographics link at the top of the screen.

Choosing the Correct Residence Type (1 of 2)

Residence Type Drop-Down Menu Options

Definition and Examples

Own Family's Home

A residence where a person with a disability lives with at least one **related** family member who owns or rents the residence. The related family member is not paid to provide HCBS to the person in the home. **Must be related by blood, marriage, common-law marriage or adoption.**

Other Natural Support's Home

A residence where a person with a disability lives with at least one **non-related** natural support who owns or rents the home. The natural support is not paid to provide HCBS to the person in the home. **Not related by blood, marriage, common-law marriage or adoption.**

Self-Owned/Rented Home 1 Resident

A home owned or rented from a landlord that is not an HCBS provider by 1 person with a disability who has free choice of provider if they require in-home HCBS supports. This means the person is not obligated to choose a certain provider of in-home HCBS supports and is free to change in-home HCBS provider at any time.

"Home" can include single-family home, condominium, mobile home, tiny home, apartment, duplex, triplex.

"Owned" means the person with a disability (or legal guardian if applicable) is named on the title.

"Rented" means the person with a disability (or legal guardian if applicable) is named on the lease.

Self-Owned/Rented Home 2-3 Residents

A home owned or rented from a landlord that is not an HCBS provider by 2 or 3 individuals with a disability who have free choice of provider if they require in-home HCBS supports. This means the individuals is not obligated to choose a certain provider of in-home HCBS supports and are free to change in-home HCBS provider at any time.

"Home" can include single-family home, condominium, mobile home, tiny home, apartment, duplex, triplex.

"Owned" means the person with a disability (or legal guardian if applicable) is named on the title.

"Rented" means the person with a disability (or legal guardian if applicable) is named on the lease.

Self-Owned/Rented Home 4+ Residents

A home owned or rented from a landlord that is not an HCBS provider by 4 or more individuals with a disability who have free choice of provider if they require in-home HCBS supports. This means the individuals is not obligated to choose a certain provider of in-home HCBS supports and are free to change in-home HCBS provider at any time.

"Home" can include single-family home, condominium, mobile home, tiny home, apartment, duplex, triplex.

"Owned" means the person with a disability (or legal guardian if applicable) is named on the title.

"Rented" means the person with a disability (or legal guardian if applicable) is named on the lease.

Residence Type Drop-Down Menu Options

Definition & Examples

Host Family/Foster Home 1 Resident

A home owned or rented by an individual or family in which they live and provide paid care and support for 1 person with disabilities who is not related to the paid caregivers.

Host Family/Foster Home 2-3 Residents

A home owned or rented by an individual or family in which they live and provide paid care and support for 2 or 3 persons with disabilities who are not related to the paid caregivers.

Group Home 1-3 Residents

A residence owned, co-owned, rented or managed/operated by:

- The residential services provider; or
- Another entity in which the residential service provider has some type of ownership or management interest; or
- An HCBS provider that is not the residential service provider.

The residence provides housing for 1-3 persons with disabilities in which staff provide care, instruction, supervision, and other supports.

Group Home 4-6 Residents

A residence owned, co-owned, rented or managed/operated by:

- The residential services provider; or
- Another entity in which the residential service provider has some type of ownership or management interest; or
- An HCBS provider that is not the residential service provider.

The residence provides housing for 4-6 persons with disabilities in which staff provide care, instruction, supervision, and other supports.

Group Home 7-15 Residents

A residence owned, co-owned, rented or managed/operated by:

- The residential services provider; or
- Another entity in which the residential service provider has some type of ownership or management interest; or
- An HCBS provider that is not the residential service provider.

The residence provides housing for 7-15 persons with disabilities in which staff provide care, instruction, supervision, and other supports.

Facility 16+ Residents

A residence owned, co-owned, rented or managed/operated by:

- The residential services provider; or
- Another entity in which the residential service provider has some type of ownership or management interest; or
- An HCBS provider that is not the residential service provider.

The residence provides housing for 16 or more persons with disabilities in which staff provide care, instruction, supervision, and other supports.

Homeless

An individual who lacks stable, permanent housing, including:

- An individual who lives on the streets, in an abandoned building or in a vehicle.
- An individual whose primary residence during the night is a supervised public or private homeless shelter or similar setting (E.g., mission) that provides temporary living accommodations.
- An individual who is a resident in transitional housing.

Employment Status for Waiver Enrollees Ages 18 and Older

- How many waiver participants are working in competitive integrated employment?
- Support Coordinators will verify “employment status” when person enrolls in ID/LAH and then verify at each QUARTERLY Face-to-Face visit with waiver enrollee.

Employment Status for Waiver Enrollees Ages 18 and Older (Continued)

- Employment Assessment is an assessment in ADIDIS with multiple fields to be completed by the SC.
- After each QUARTERLY Face-to-Face visit, the Support Coordinator must update the date for the Employment Assessment
- The other Employment Assessment fields would also be changed/updated IF the employment data has changed.



File

[File](#) - [Print](#)

Quick Search

Doe



Clients



Last Name



GO



[ADVANCED SEARCH](#)

MY ADIDIS

CLIENTS

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REPORTS

7 Quick Search Result record(s) returned - now viewing 1 through 7

	Case No	Last Name	First Name	SSN	DOB	Status	MemberID	Relation	ContactID	
<input type="checkbox"/>	440361	Doe	James	999-63-2517	05/12/1982	Active		Yes	454827	▼
<input type="checkbox"/>	440331	Doe	Jamie	451-28-4135	06/12/1986	Active		No	454748	▼
<input type="checkbox"/>	440317	Doe	Jane	999-24-9224	03/31/1977	Active		Yes	454720	▼
<input type="checkbox"/>	440318	Doe	John	999-72-0412	04/12/1972	Active	179	Yes	55240	▼
<input type="checkbox"/>	440319	Doe	John	999-99-1452	03/27/1950	Active		No	454722	▼
<input type="checkbox"/>	440358	Doe	Josephine	354-16-5249	04/06/1995	Active		Yes	454808	▼
<input type="checkbox"/>	440359	Doe	Keith	513-48-2351	04/12/1972	Active		Yes	454810	▼

<< First < Previous Retrieve 15 Records at a time Next > Last >>

Employment Status

Step 1: Search for Client using either Quick Search or Advanced Search and click Go.

If multiple Clients are returned, click on the Client you need

James Doe | **Demographics** | Sign Out | Skip to main content | Role: CWP Support Coordinator

File Edit Tools Reports Word Merge

File - Add New Client - Print
 Edit - Edit Demographics
 Tools
 Reports - Alabama Wait List Application Report - ICF/MR Level of Care Evaluation
 Word Merge - Free Choice of Provider - ID Dissatisfaction of Services

Quick Search: Clients Last Name GO ADVANCED SEARCH

MY ADIDIS **CLIENTS** PROVIDERS REPORTS

Doe, James (440361)

Demographics Open To ADIDIS Enrollments Programs MR Wait List Contacts Auths Notes
 Person Service Plan **Assessments** Fund Eligibility Diagnosis Medications
 Progress Notes

Demographics		Demographics	
Alias		Preferred First Name	
Gender	Male	SSN	999-63-2517
Date of Birth	5/12/1982	Ethnicity	
Age	39.3	Hispanic Origin	
Date of Death		Marital Status	
SUDS ID		Entry Date of Residence	
Case ID	440361	Residence Type	Own Family's Home
Original Member ID	440361	Current Member ID	500000485961
First Name	James	Status	Active
Last Name	Doe	CWP Enrollment Group	CWP: Working age or Older Adults (23+) - With Family or Independent
Middle Initial		CWP Priority Group	Preserve existing living arrangement
Client Address		Client Address	
Street	1234 Main Street	Home Phone Number	
Street 2		County	Montgomery

Employment Status

Step 2: From the Client Demographics screen, click on the Assessments Tab.

James Doe
Last Updated by rebkeith
at 6/24/2021 10:50:55 AM

Assessments | Sign Out | Skip to main content

Role: CWP Support Coordinator

File Tools

File - Add New Client - Add Assessment - - Print

Tools

Quick Search: [] Clients [v] Last Name [v] GO [v] ADVANCED SEARCH

MY ADIDIS **CLIENTS** PROVIDERS REPORTS

Doe, James (440361)

Demographics Open To ADIDIS Enrollments Programs MR Wait List Contacts Auths Notes

Person Service Plan **Assessments** Fund Eligibility Diagnosis Medications

Progress Notes

Filters

Assessment [v] Not Equal To [v] [] AND [v] [x]

Review Date [v] Greater Than [v] 12/31/2008 [] AND [v] [x]

Assessment [v] +

Search Reset

3 Assessments record(s) returned - now viewing 1 through 3

Assessment	Review	Review Date	Case Manager	Fund Code	Status
Criticality Summary 2013	Application	05/12/2021	Keith, Rebecca	MR	Complete
Criticality Summary 2013	Update	05/12/2021	Keith, Rebecca	MR	Pending
Eligibility Assessment	Application	10/21/2020	Keith, Rebecca	MR	Pending

<< First < Previous Retrieve 15 Records at a time Next > Last >>

v8.4.3.0 [About](#)

When on the Assessments tab:

Select Add Assessment at top left if entering employment data for the first time.

If updating employment data, select “Duplicate Previous Assessment” or “Add Assessment”.

If duplicating a previous assessment, don't forget to change the date.



File

[File](#) - - - [Spell Check](#) - [Save Assessment](#) - [Save and Close Assessment](#) - - - [Copy From Previous](#) - [Save and Push to Plan](#) - [Print](#) - [Close Assessment](#)

Please Select Type:

Consumer Assessments

Review *	<input type="text"/>	Case Manager *	Keith, Rebecca	...	Clear	Details
Review Date *	10/01/2021	Status *	Pending			
Fund Code *	<input type="text"/>	Approved By	<input type="text"/>			
Approved Date	<input type="text"/>					

Employment Assessment

Assessment to be filled out semi-annually

Client Employment Status:

Employment Status

Step 4: On the next screen, select Employment Assessment from drop-down at top.

James Doe | **Assessment** | [Skip to main content](#)
10/1/2021 8:53 AM

File

File --- Spell Check - Save Assessment - Save and Close Assessment --- Copy From Previous - Save and Push to Plan - Print - Close Assessment

Please Select Type:

Consumer Assessments

Review *	<input type="text"/>	Case Manager *	Keith, Rebecca	...	Clear	Details
Review Date *	10/01/2021	Status *	Pending			
Fund Code *	<input type="text"/>	Approved By	<input type="text"/>			
Approved Date	<input type="text"/>					

Employment Assessment
Assessment to be filled out semi-annually

Client Employment Status:

Employment Status

Step 5: Populate the fields at the top of the assessment accordingly

Review: Always choose Assessment

Review Date: Select date of quarterly Face-to-Face visit.

Fund Code: Select "MR"

Status: Leave as "Pending"

- Application
- Assessment
- Discharge
- Intake
- Open
- Update
- Re-determination
- Add-On Service



File

File - - - Spell Check - Save Assessment - Save and Close Assessment - - - Copy From Previous - Save and Push to Plan - Print - Close Assessment

Please Select Type:

Consumer Assessments

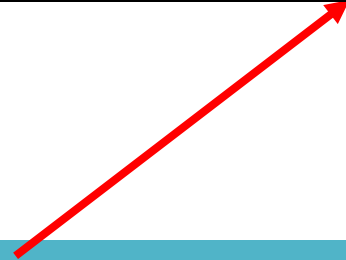
Review *	<input type="text"/>	Case Manager *	<input type="text" value="Keith, Rebecca"/> ... <input type="button" value="Clear"/> Details
Review Date *	<input type="text" value="10/05/2021"/>	Status *	<input type="text" value="Pending"/>
Fund Code *	<input type="text"/>	Approved By	<input type="text"/>
Approved Date	<input type="text"/>		

Employment Assessment

Assessment to be filled out quarterly

Client Employment Status:

- Currently Employed
- Not Employed, Actively Seeking
- Not Employed, Not Seeking



Employment Status

Step 6: Body of Employment Assessment

At Client Employment Status select from drop-down menu

Client Employment Status (Ages 18+)

Drop-Down Menu Option	Definition	Examples
Currently Employed	Receiving wages or cash payment for work done for someone other than people living with the ID/LAH waiver enrollee.	<ul style="list-style-type: none">• Paid job at any wage or for cash. Does not include volunteering or internship for no pay.
Not Employed, Actively Seeking	Does not meet definition of Currently Employed; but using available agencies/services to locate job and/or <u>applying for</u> jobs in other ways.	<p>Drop-Down Menu Options:</p> <ul style="list-style-type: none">• Seeking employment with ADRS involvement• Seeking employment without ADRS involvement Can include: applying for own jobs; using waiver-funded Job Development service• Exploring option of employment Must be <i>*actively*</i> exploring which typically will include receiving Discovery services, ADRS career exploration/job shadowing services
Not Employed, Not Seeking	Does not meet definition of Currently Employed or Not Employed/Actively Seeking as defined above.	<p>Drop-Down Menu Options:</p> <ul style="list-style-type: none">• Health or Medically-Compromised• Legal Representative not Supportive• Enrollee Lack of Exposure/Interest Not receiving any type of employment services



File

[File](#) - [Spell Check](#) - [Save Assessment](#) - [Save and Close Assessment](#) - [Copy From Previous](#) - [Save and Push to Plan](#) - [Print](#) - [Close Assessment](#)

Please Select Type:

Consumer Assessments	
Review *	<input type="text" value="Assessment"/>
Review Date *	<input type="text" value="10/08/2021"/>
Fund Code *	<input type="text" value="MR"/>
Approved Date	<input type="text"/>
Case Manager *	<input type="text" value="Keith, Rebecca"/> <input type="button" value="Clear"/> Details
Status *	<input type="text" value="Pending"/>
Approved By	<input type="text"/>

Employment Assessment
Assessment to be filled out quarterly

Client Employment Status:

If Not Employed:
Select one - Not employed, Actively seeking:

- Seeking employment with ADRS involvement
- Seeking employment without ADRS involvement
- Exploring option of employment



Employment Status

Step 7: Body of Employment Assessment

If “Not Employed, Actively Seeking” is selected, choose the correct option from the drop-down



File

File - - - Spell Check - Save Assessment - Save and Close Assessment - - - Copy From Previous - Save and Push to Plan - Print - Close Assessment

Please Select Type:

Consumer Assessments

Review *	<input type="text"/>	Case Manager *	<input type="text" value="Keith, Rebecca"/> <input type="button" value="Clear"/> Details
Review Date *	<input type="text" value="10/08/2021"/>	Status *	<input type="text" value="Pending"/>
Fund Code *	<input type="text"/>	Approved By	<input type="text"/>
Approved Date	<input type="text"/>		

Employment Assessment

Assessment to be filled out quarterly

Client Employment Status:

If Not Employed:

Select one - Not employed, Not Seeking:

Health or Medically-Compromised
Legal Representative not Supportive
Enrollee Lack of Exposure/Interest

Employment Status

Step 7: Body of Employment Assessment

If “Not Employed, Not Seeking” is selected, choose the correct option from the drop-down.



File

File - - - Spell Check - Save Assessment - Save and Close Assessment - - - Copy From Previous - Save and Push to Plan - - - Print - Close Assessment

Please Select Type: Employment Assessment

Consumer Assessments

Review *	<input type="text"/>	Case Manager *	<input type="text" value="Keith, Rebecca"/> <input type="button" value="Clear"/> Details
Review Date *	<input type="text" value="10/08/2021"/>	Status *	<input type="text" value="Pending"/>
Fund Code *	<input type="text" value="MR"/>	Approved By	<input type="text"/>
Approved Date	<input type="text"/>		

Employment Assessment
Assessment to be filled out quarterly

Client Employment Status: Currently Employed

If Currently Employed:

Type of employment:	<input type="text"/>						
Name of Employer:	<input type="text"/>						
Start Date of Employment:	<input type="text"/>						
Current hourly wage:	<input type="text"/>						
Benefits:	<table border="1"><tr><td>Retirement/401K</td><td><input type="checkbox"/></td></tr><tr><td>Paid Vacation</td><td><input type="checkbox"/></td></tr><tr><td>Paid Sick Leave</td><td><input type="checkbox"/></td></tr></table>	Retirement/401K	<input type="checkbox"/>	Paid Vacation	<input type="checkbox"/>	Paid Sick Leave	<input type="checkbox"/>
Retirement/401K	<input type="checkbox"/>						
Paid Vacation	<input type="checkbox"/>						
Paid Sick Leave	<input type="checkbox"/>						
In the last 12 weeks, what is the average hours per week the person worked for this employer?	<input type="text"/>						
Add additional Employer:	<input type="checkbox"/>						

Employment Status

Step 7: Body of Employment Assessment

If “Currently Employed” is selected, these fields appear.



File

File - - - Spell Check - Save Assessment - Save and Close Assessment - - - Copy From Previous - Save and Push to Plan - - - Print - Close Assessment

Please Select Type:

Consumer Assessments

Review *	<input type="text"/>	Case Manager *	<input type="text" value="Keith, Rebecca"/> ... Clear Details
Review Date *	<input type="text" value="10/08/2021"/>	Status *	<input type="text" value="Pending"/>
Fund Code *	<input type="text" value="MR"/>	Approved By	<input type="text"/>
Approved Date	<input type="text"/>		

Employment Assessment

Assessment to be filled out quarterly

Client Employment Status:

If Currently Employed:

Type of employment:	<input type="text"/>						
Name of Employer:	<input type="text"/>						
Start Date of Employment:	<input type="text"/>						
Current hourly wage:	<input type="text"/>						
Benefits:	<table border="1"><tr><td>Retirement/401K</td><td><input type="text"/></td></tr><tr><td>Paid Vacation</td><td><input type="text"/></td></tr><tr><td>Paid Sick Leave</td><td><input type="text"/></td></tr></table>	Retirement/401K	<input type="text"/>	Paid Vacation	<input type="text"/>	Paid Sick Leave	<input type="text"/>
Retirement/401K	<input type="text"/>						
Paid Vacation	<input type="text"/>						
Paid Sick Leave	<input type="text"/>						
In the last 12 weeks, what is the average hours per week the person worked for this employer?	<input type="text"/>						
Add additional Employer:	<input type="checkbox"/>						

Employment Status

Step 8: Body of Employment Assessment

If “Currently Employed”, select “Type of employment” from drop-down menu.

Individual CIE
Group SE
Other (describe)

Type of Employment

Drop-Down Menu Option	Definition	Examples
CIE	<ul style="list-style-type: none">• Pay is minimum wage (\$7.25 or higher); AND• Place of employment is integrated community setting not owned/operated by disability service provider; AND• Person working in a job that is not directly alongside another person or people with disabilities being supported as a small group; AND• Employer of record is <u>not</u> the employment service provider supporting the person or another waiver service provider.	<ul style="list-style-type: none">• Individual employed at <u>and by</u> a local grocery store, earning \$9/hour. Not side-by-side or in team with other person(s) with a disability.• Individual working at manufacturing company for \$10/hour, employed by Adecco Staffing Agency. Not side-by-side or in team with other person(s) with a disability.
Group SE	<ul style="list-style-type: none">• Pay at any hourly rate (could include sub-minimum wage); AND• Place of employment is integrated community setting not owned/operated by disability service provider; AND• Person working in a group of two to four people with disabilities being supported as a small group by single employment service provider; AND• Employer of record <u>may or may not</u> be the employment service provider supporting the small group.	<ul style="list-style-type: none">• Group of 4 individuals with disabilities working at Polaris factory with support from a Group SE provider.• Group of 3 individuals with disabilities and 1 person without disabilities on a cleaning crew cleaning offices.• Group of 2 people with disabilities working together (side-by-side; as a team) at Hardees
Other (describe)	If “Other” is selected, enter a description in the text box that appears.	<p data-bbox="823 1286 1174 1310">Description of other employment:</p> <div data-bbox="1561 1196 2405 1396"><p data-bbox="1561 1205 1854 1239">B <i>I</i> <u>U</u> Size A</p><div data-bbox="1561 1250 2405 1396"></div></div>



File

File - - - Spell Check - Save Assessment - Save and Close Assessment - - - Copy From Previous - Save and Push to Plan - - Print - Close Assessment

Please Select Type:

Consumer Assessments

Review *	<input type="text"/>	Case Manager *	<input type="text" value="Keith, Rebecca"/> ... Clear Details
Review Date *	<input type="text" value="10/08/2021"/>	Status *	<input type="text" value="Pending"/>
Fund Code *	<input type="text" value="MR"/>	Approved By	<input type="text"/>
Approved Date	<input type="text"/>		

Employment Assessment

Assessment to be filled out quarterly

Client Employment Status:

If Currently Employed:

Type of employment:	<input type="text"/>						
Name of Employer:	<input type="text"/>						
Start Date of Employment:	<input type="text"/>						
Current hourly wage:	<input type="text"/>						
Benefits:	<table border="1"><tr><td>Retirement/401K</td><td><input type="text"/></td></tr><tr><td>Paid Vacation</td><td><input type="text"/></td></tr><tr><td>Paid Sick Leave</td><td><input type="text"/></td></tr></table>	Retirement/401K	<input type="text"/>	Paid Vacation	<input type="text"/>	Paid Sick Leave	<input type="text"/>
Retirement/401K	<input type="text"/>						
Paid Vacation	<input type="text"/>						
Paid Sick Leave	<input type="text"/>						
In the last 12 weeks, what is the average hours per week the person worked for this employer?	<input type="text"/>						
Add additional Employer:	<input type="checkbox"/>						

Employment Status

Step 9: Body of Employment Assessment

If “Currently Employed”, enter Name of Employer.



File

File - - - Spell Check - Save Assessment - Save and Close Assessment - - - Copy From Previous - Save and Push to Plan - - - Print - Close Assessment

Please Select Type:

Consumer Assessments

Review *	<input type="text"/>	Case Manager *	Keith, Rebecca	Clear	Details
Review Date *	10/08/2021	Status *	Pending		
Fund Code *	MR	Approved By	<input type="text"/>		
Approved Date	<input type="text"/>				

Employment Assessment

Assessment to be filled out quarterly

Client Employment Status:

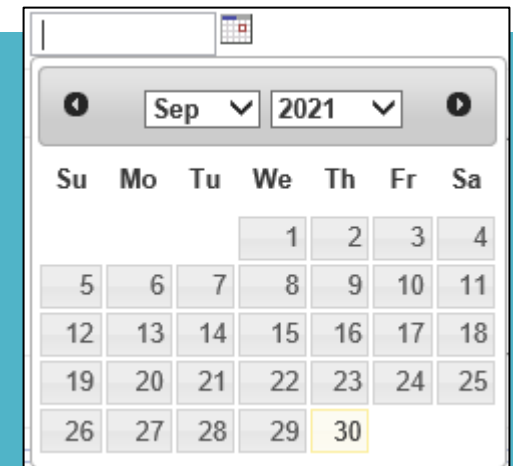
If Currently Employed:

Type of employment:	<input type="text"/>						
Name of Employer:	<input type="text"/>						
Start Date of Employment:	<input type="text"/>						
Current hourly wage:	<input type="text"/>						
Benefits:	<table border="1"><tr><td>Retirement/401K</td><td><input type="checkbox"/></td></tr><tr><td>Paid Vacation</td><td><input type="checkbox"/></td></tr><tr><td>Paid Sick Leave</td><td><input type="checkbox"/></td></tr></table>	Retirement/401K	<input type="checkbox"/>	Paid Vacation	<input type="checkbox"/>	Paid Sick Leave	<input type="checkbox"/>
Retirement/401K	<input type="checkbox"/>						
Paid Vacation	<input type="checkbox"/>						
Paid Sick Leave	<input type="checkbox"/>						
In the last 12 weeks, what is the average hours per week the person worked for this employer?	<input type="text"/>						
Add additional Employer:	<input type="checkbox"/>						

Employment Status

Step 10: Body of Employment Assessment

If “Currently Employed”, enter “Start Date of Employment”.
Select or manually enter date in the MM/DD/YYYY format





File

File - - - Spell Check - Save Assessment - Save and Close Assessment - - - Copy From Previous - Save and Push to Plan - - - Print - Close Assessment

Please Select Type:

Consumer Assessments

Review *	<input type="text"/>	Case Manager *	Keith, Rebecca	...	Clear	Details
Review Date *	10/08/2021	Status *	Pending			
Fund Code *	MR	Approved By	<input type="text"/>			
Approved Date	<input type="text"/>					

Employment Assessment

Assessment to be filled out quarterly

Client Employment Status:

If Currently Employed:

Type of employment:	<input type="text"/>						
Name of Employer:	<input type="text"/>						
Start Date of Employment:	<input type="text"/>						
Current hourly wage:	<input type="text"/>						
Benefits:	<table border="1"><tr><td>Retirement/401K</td><td><input type="text"/></td></tr><tr><td>Paid Vacation</td><td><input type="text"/></td></tr><tr><td>Paid Sick Leave</td><td><input type="text"/></td></tr></table>	Retirement/401K	<input type="text"/>	Paid Vacation	<input type="text"/>	Paid Sick Leave	<input type="text"/>
Retirement/401K	<input type="text"/>						
Paid Vacation	<input type="text"/>						
Paid Sick Leave	<input type="text"/>						
In the last 12 weeks, what is the average hours per week the person worked for this employer?	<input type="text"/>						
Add additional Employer:	<input type="checkbox"/>						

Employment Status

Step 11: Body of Employment Assessment

If “Currently Employed”, enter Current Hourly wage

Must be formatted with only 2 places after decimal (example \$10.50)



File

File - - - Spell Check - Save Assessment - Save and Close Assessment - - - Copy From Previous - Save and Push to Plan - - - Print - Close Assessment

Please Select Type:

Consumer Assessments

Review *	<input type="text"/>	Case Manager *	Keith, Rebecca	Clear	Details
Review Date *	10/08/2021	Status *	Pending		
Fund Code *	MR	Approved By	<input type="text"/>		
Approved Date	<input type="text"/>				

Employment Assessment

Assessment to be filled out quarterly

Client Employment Status:

If Currently Employed:

Type of employment:	<input type="text"/>							
Name of Employer:	<input type="text"/>							
Start Date of Employment:	<input type="text"/>							
Current hourly wage:	<input type="text"/>							
Benefits:	<table border="1"><tr><td>Retirement/401K</td><td>▶</td><td rowspan="3"><input type="text"/></td></tr><tr><td>Paid Vacation</td><td>▶</td></tr><tr><td>Paid Sick Leave</td><td>▶</td></tr></table>	Retirement/401K	▶	<input type="text"/>	Paid Vacation	▶	Paid Sick Leave	▶
Retirement/401K	▶	<input type="text"/>						
Paid Vacation	▶							
Paid Sick Leave	▶							
In the last 12 weeks, what is the average hours per week the person worked for this employer?	<input type="text"/>							
Add additional Employer:	<input type="checkbox"/>							

Employment Status

Step 12: Body of Employment Assessment
If “Currently Employed”, select any Benefits person is receiving.

Left Box: Click to highlight benefits; then use arrow buttons to move to Right Box.



Correct list of benefits for person needs to appear in Right Box



File

File - - - Spell Check - Save Assessment - Save and Close Assessment - - - Copy From Previous - Save and Push to Plan - - - Print - Close Assessment

Please Select Type:

Consumer Assessments

Review *	<input type="text"/>	Case Manager *	<input type="text" value="Keith, Rebecca"/> ... Clear Details
Review Date *	<input type="text" value="10/08/2021"/>	Status *	<input type="text" value="Pending"/>
Fund Code *	<input type="text" value="MR"/>	Approved By	<input type="text"/>
Approved Date	<input type="text"/>		

Employment Assessment

Assessment to be filled out quarterly

Client Employment Status:

If Currently Employed:

Type of employment:	<input type="text"/>						
Name of Employer:	<input type="text"/>						
Start Date of Employment:	<input type="text"/>						
Current hourly wage:	<input type="text"/>						
Benefits:	<table border="1"><tr><td>Retirement/401K</td><td><input type="text"/></td></tr><tr><td>Paid Vacation</td><td><input type="text"/></td></tr><tr><td>Paid Sick Leave</td><td><input type="text"/></td></tr></table>	Retirement/401K	<input type="text"/>	Paid Vacation	<input type="text"/>	Paid Sick Leave	<input type="text"/>
Retirement/401K	<input type="text"/>						
Paid Vacation	<input type="text"/>						
Paid Sick Leave	<input type="text"/>						
In the last 12 weeks, what is the average hours per week the person worked for this employer?	<input type="text"/>						
Add additional Employer:	<input type="checkbox"/>						

Always round up to next whole number (E.g., 12.5 = 13)

Employment Status

Step 13: Body of Employment Assessment

If “Currently Employed”, fill in average hours worked per week over the last 12 weeks as reported by the Waiver enrollee or involved family/guardian/friend



File

File - - - Spell Check - Save Assessment - Save and Close Assessment - - - Copy From Previous - Save and Push to Plan - - - Print - Close Assessment

Please Select Type: Employment Assessment

Consumer Assessments

Review *	<input type="text"/>	Case Manager *	<input type="text" value="Keith, Rebecca"/> <input type="button" value="Clear"/> Details
Review Date *	<input type="text" value="10/08/2021"/>	Status *	<input type="text" value="Pending"/>
Fund Code *	<input type="text" value="MR"/>	Approved By	<input type="text"/>
Approved Date	<input type="text"/>		

Employment Assessment

Assessment to be filled out quarterly

Client Employment Status: Currently Employed

If Currently Employed:

Type of employment:	<input type="text"/>						
Name of Employer:	<input type="text"/>						
Start Date of Employment:	<input type="text"/>						
Current hourly wage:	<input type="text"/>						
Benefits:	<table border="1"><tr><td>Retirement/401K</td><td><input type="checkbox"/></td></tr><tr><td>Paid Vacation</td><td><input type="checkbox"/></td></tr><tr><td>Paid Sick Leave</td><td><input type="checkbox"/></td></tr></table>	Retirement/401K	<input type="checkbox"/>	Paid Vacation	<input type="checkbox"/>	Paid Sick Leave	<input type="checkbox"/>
Retirement/401K	<input type="checkbox"/>						
Paid Vacation	<input type="checkbox"/>						
Paid Sick Leave	<input type="checkbox"/>						
In the last 12 weeks, what is the average hours per week the person worked for this employer?	<input type="text"/>						
Add additional Employer:	<input type="checkbox"/>						

Employment Status

Step 14: Body of Employment Assessment

If person has an additional job, check the “Add additional Employer” box.

Add additional Employer:	<input checked="" type="checkbox"/>							
Type of employment (2):	<input type="text" value="v"/>							
Name of Employer (2):	<input type="text"/>							
Start Date of Employment (2):	<input type="text"/>							
Currently hourly wage (2):	<input type="text"/>							
Benefits (2):	<table border="1"> <tr> <td>Retirement/401K</td> <td><input type="checkbox"/></td> <td rowspan="3"><input type="text"/></td> </tr> <tr> <td>Paid Vacation</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Paid Sick Leave</td> <td><input type="checkbox"/></td> </tr> </table>	Retirement/401K	<input type="checkbox"/>	<input type="text"/>	Paid Vacation	<input type="checkbox"/>	Paid Sick Leave	<input type="checkbox"/>
Retirement/401K	<input type="checkbox"/>	<input type="text"/>						
Paid Vacation	<input type="checkbox"/>							
Paid Sick Leave	<input type="checkbox"/>							
In the last 12 weeks, what is the average hours per week the person worked for this employer? (2)	<input type="text"/>							

Measure #6: Employment Status

Step 15: Body of Employment Assessment

Fill in the information on the additional employer.

Repeat Steps 8-13.

Use of Non-Waiver Services/Supports to Meet Outcomes

- How much use of non-waiver supports and services occurs to address individual goals and outcomes?
- In the “Person-Centered Planning Assessment and Documentation” fields in ADIDIS, you are identifying “Selected Strategies” that will be implemented to enable the person to achieve an identified outcome(s).
- Just below the field for “Description of Strategy”, a field has been added for “Strategy Type”
- There is a drop-down menu to select the “Strategy Type”

Person-Centered Assessment Documentation & Planning

First Name	<input type="text" value="James"/>
Last Name	<input type="text" value="Doe"/>
DOB	<input type="text" value="05/12/1982"/>
Gender	<input type="text" value="Male"/>
Preferred Gender	<input type="text"/>
Race	<input type="text"/>
Name of Guardian/POA-HC:	<input type="text"/>
Person-Centered Planning Team:	<input type="text"/>
Person's preference for their role in planning meetings:	<input type="text"/>
Person's communication preferences and requirements:	<input type="text"/>
EXPLORING POSSIBILITIES: DAILY LIFE	<input type="checkbox"/>
EXPLORING POSSIBILITIES; COMMUNITY CONNECTIONS	<input type="checkbox"/>
EXPLORING POSSIBILITIES: COMMUNITY LIVING	<input type="checkbox"/>
EXPLORING POSSIBILITIES: HEALTHY LIVING	<input type="checkbox"/>
EXPLORING POSSIBILITIES: SELF-DETERMINED: RIGHTS, CHOICES, & PERSONAL CONTROL	<input type="checkbox"/>

Use of Non-Waiver Services and Supports to Meet Outcomes

Step #1: Fill out the Person-Centered Assessment Documentation & Planning section as you would today

Use of Non-Waiver Services and Supports to Meet Outcomes

Step #2: For each Selected Strategy you add, the new “Strategy Type” field will appear under the “Description of Strategy” field

This will be the case in all Exploring Possibilities sections



A. EXPLORING POSSIBILITIES: DAILY LIFE

**Describe the present state *Identify any related strengths, capabilities, assets, & resources *Note the desired future state *Identify any barriers to overcome to achieve the future state*

MY DAY (Interests, hobbies, sports, entertainment)

EDUCATION (School or learning something new)

WORK (Integrated Employment)

MOBILITY (Means to get to places of interest & need)

A. Outcome(s) Identified (in the person's own words): - these outcomes and measures transfer to PC Plan:

A. Measures:

A. Core issue: What are the barriers to overcome and why do those barriers exist?

A. Strategies: Note individual strengths & all possible services & supports that have been or could be tried to address the core issue(s). Include the costs and effectiveness of each option.
(Strategies chosen will be outlined in the Selected Strategies section directly below, including what the person can do for themselves):

A. Independent:

A. Community:

A. Natural:

A. Paid or Self-Directed Supports:

Daily Life Selected Strategies (List the strategies below that will be implemented to achieve the identified outcome(s)) - these transfer to PC Plan:

A1. Description of Strategy:

A1. Strategy Type:

A1. Provider:

A1. Settings Offered:

A1. Settings Selected:

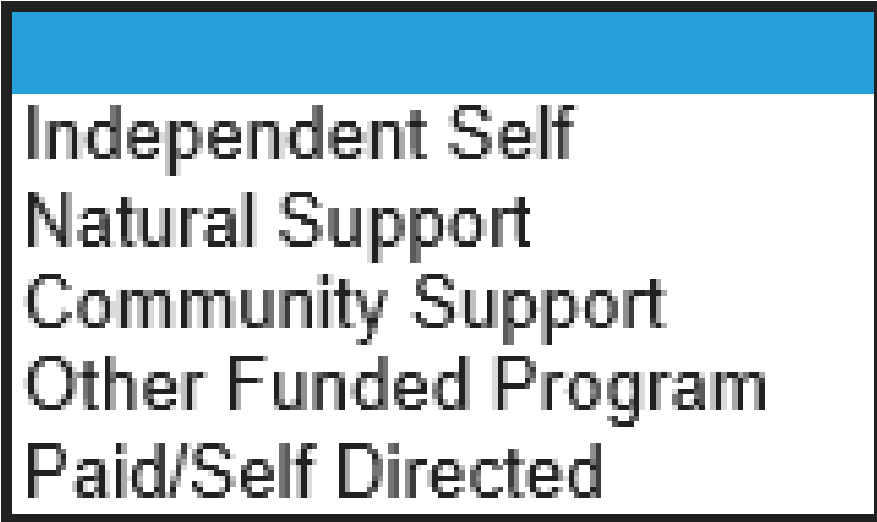
A1. Add Another (2 of 15)?

A. Back-up & Contingency Planning (Identify the back-up plan if strategy supports are not available - NA):

A. Back-up & Contingency Planning – Strategy Type:	<input type="text"/>
---	----------------------

A. Back-up & Contingency Planning (Identify the back-up plan if strategy supports are not available):

A. Reassessment?



Independent Self
Natural Support
Community Support
Other Funded Program
Paid/Self Directed

Use of Non-Waiver Services and Supports to Meet Outcomes

**Step #3: Click on the “Strategy Type” field and
Select the correct option from
the drop-down menu**

Drop-Down Options	Definition	Examples
Independent / Self	<p>Strategy where primary implementer is the Waiver enrollee, acting independently or with assistance that is <u>not human support</u> funded through Waiver.</p> <p>Examples: assistive technology; adaptive aid; natural support; financial resources belonging to Waiver enrollee (e.g., income; savings; ABLE account; supplemental needs trust; etc.)</p>	<p>Waiver enrollee stays healthy by monitoring their blood sugar and remembering to take diabetes medication using assistive technology.</p> <p>Waiver enrollee achieves outcome of learning to cook by using savings to pay for cooking lessons.</p> <p>Waiver enrollee develops connections with their neighbors by using their skill to tell jokes at the local community open mic night.</p> <p>Waiver enrollee improves their mobility through physical therapy covered by their family's health insurance.</p>
Natural Support	<p>Strategy where primary implementer is a natural support that is not being paid for implementing <u>this strategy</u>.</p>	<p>Waiver enrollee stays healthy by having their sister help with monitoring their blood sugar and remembering to take diabetes medication.</p> <p>Waiver enrollee achieves outcome of learning to cook by exploring new recipes & making healthy meals with a friend from church each week.</p> <p>Waiver enrollee develops community connections by attending their local faith services with their neighbor Jane who provides weekly transportation.</p> <p>Waiver enrollee improves mobility by implementing their physical therapy home program with help from their parent.</p>
Community Support	<p>Strategy where primary support for Waiver enrollee comes from a community group, organization or place of business/employer that is <u>not paid to provide disability-specific supports/services</u>.</p>	<p>Waiver enrollee stays healthy by participating in a diabetes self-management course offered at the local senior center.</p> <p>Waiver enrollee achieves outcome of learning to cook by participating in a restaurant internship arranged through a partnership with the community college.</p> <p>Waiver enrollee develops community connections by attending their local faith services with transportation and logistics organized by the members of the group.</p> <p>Waiver enrollee improves mobility by attending a yoga class at the local gym with assistance from other class attendees if needed.</p>

Drop-Down Options	Definition	Examples
Other Funded Program	Strategy where primary implementer is a publicly-funded, eligibility-based program providing paid, non-Waiver services to the Waiver enrollee.	<p>Waiver enrollee stays healthy by seeing a nurse practitioner specializing in diabetes management at the local public health clinic; and using SNAP benefits to purchase healthy food.</p> <p>Waiver enrollee achieves outcome of learning about restaurant work and cooking through community-based work assessment arranged and paid by vocational rehabilitation.</p> <p>Waiver enrollee develops community connections by attending their local faith organization using a county aging/disability transportation service.</p> <p>Waiver enrollee improves mobility by attending a special education physical course designed for students with disabilities.</p>
Paid/Self Directed	Strategy that is Waiver service/support , whether self-directed or not.	<p>Waiver enrollee stays healthy by seeing with Waiver-funded Skilled Nursing RN specializing in diabetes management and by using Waiver-funded assistive technology to monitor blood sugar and manage medication.</p> <p>Waiver enrollee learns to cook with paid assistance through Residential Habilitation or Day Habilitation service.</p> <p>Waiver enrollee develops community connections by attending their local faith organization with support from a paid Personal Care DSP.</p> <p>Waiver enrollee improves mobility by participating in Waiver-funded physical therapy.</p>

Use of Non-Waiver Services and Supports to Meet Outcomes

Step #4: When Entering a “Back-up & Contingency Plan”, you will see a “Back-up & Contingency Planning-Strategy Type” field appear.



A. EXPLORING POSSIBILITIES: DAILY LIFE

Describe the present state •Identify any related strengths, capabilities, assets, & resources •Note the desired future state •Identify any barriers to overcome to achieve the future state

MY DAY (Interests, hobbies, sports, entertainment)

EDUCATION (School or learning something new)

WORK (Integrated Employment)

MOBILITY (Means to get to places of interest & need)

A. Outcome(s) Identified (in the person's own words): - these outcomes and measures transfer to PC Plan:

A. Measures:

A. Core issue: What are the barriers to overcome and why do those barriers exist?

A. Strategies: Note individual strengths & all possible services & supports that have been or could be tried to address the core issue(s). Include the costs and effectiveness of each option.
(Strategies chosen will be outlined in the Selected Strategies section directly below, including what the person can do for themselves):

A. Independent:

A. Community:

A. Natural:

A. Paid or Self-Directed Supports:

Daily Life Selected Strategies (List the strategies below that will be implemented to achieve the identified outcome(s)) - these transfer to PC Plan:

A1. Description of Strategy:

A1. Strategy Type:

A1. Provider:

A1. Settings Offered:

A1. Settings Selected:

A1. Add Another (2 of 15)?

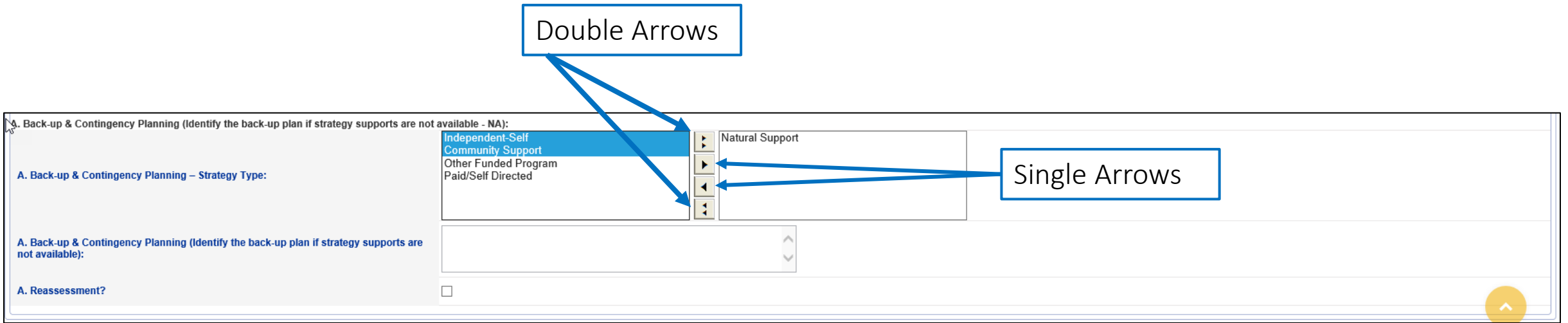
A. Back-up & Contingency Planning (Identify the back-up plan if strategy supports are not available - NA):

A. Back-up & Contingency Planning - Strategy Type:

A. Back-up & Contingency Planning (Identify the back-up plan if strategy supports are not available):

A. Reassessment?

Independent-Self
Natural Support
Community Support
Other Funded Program
Paid/Self Directed



Use of Non-Waiver Services and Supports to Meet Outcomes

Step #5: Select the “Back-up & Contingency Plan” Strategy Type(s).

Note: The Back-up & Contingency Planning – Strategy Type field is a multi-select field.

You can select 1, more than 1, or all Strategy Types.

Click on (to highlight) all of the Strategy Types that are part of the Back-up Plan.

If all Strategy Types are selected, click on the double arrow to move all.

If not all Strategy Types are selected, click on single arrow to move each Strategy Type selected.



Questions?

Questions After

Today:

Send to

Byron White

CWP Director

Byron.White@mh.alabama.gov