VIA ELECTRONIC MAIL AND U.S. MAIL

October 28, 2021

Alabama Medicaid Agency
LTC Healthcare Reform Division
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Re: ADAP Public Comment on Alabama’s Procedural and Substantive Failings re: HCBS Compliance

The Alabama Disabilities Advocacy Program (ADAP) is the Protection and Advocacy (P&A) System for the State of Alabama. As the federally-funded agency tasked with protecting the rights of Alabamians with disabilities, it is our responsibility to ensure that all Alabamians with disabilities are free from abuse, neglect, and discrimination based on their disabilities in the settings where they live and in the services which are supposed to meet their needs. Further, when policies and regulations affecting Alabamians with disabilities are proposed, promulgated, or implemented, ADAP should provide commentary, critique, and guidance to the state agencies and providers, as well as giving feedback on the implementation process to the Centers for Medicare and Medicaid Services (CMS).

As the rights of disabled Americans have been continually better defined by law (such as the Americans with Disabilities Act), courts and agencies alike have favored requiring state agencies to provide individualized services in the most integrated settings reasonably practical for the states.1 In 2014, CMS issued a regulation to state Medicaid providers, instituting the Home and Community Based Services (HCBS) Settings Rule. CMS has since updated the relevant federal regulations to bring states into compliance by March 2023 (extended by a year in July 2020).2 To do this, CMS initially required states to submit a transition to compliance plan, to which states provide periodic updates on how they are meeting the goals set forth in order to come into compliance. Settings which are presumptively institutional (PI) are examined by CMS using a

1 See generally Olmstead v. L.C. 527 U.S. 581 (1999); see also M.R. v. Dreyfus, 663 F.3d 1100, 1116 (9th Cir. 2011) (holding that the integration mandate requires a “public entity [to] administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities”).

The Protection and Advocacy System for the State of Alabama
heightened scrutiny approach. States must follow both the procedural process of demonstrating these settings meet the compliance standard and that substantive markers observed in specific settings—which would flag those settings as having institutional characteristics—have been remediated to overcome the presumptively institutional burden.

Alabama’s Medicaid Agency has failed to overcome both. Medicaid has failed both procedurally and substantively in attempting to meet the heightened scrutiny standard. Despite having over one thousand settings which must meet the applicable compliance standards, the state has not come into compliance in any meaningful way regarding the requirements of the Settings Rule. Further, Medicaid has not followed the proper procedure as set forth by CMS to come into settings compliance.

Presumptively Institutional Standard of Heightened Scrutiny

Federal Regulations and CMS policy outline three categories by which settings fall under the presumptively institutional standard of review. The three categories are: (1) settings that share building space with privately or publicly operated inpatient institutional facilities, (2) settings that are located immediately adjacent to or on the same grounds of any public institution, and (3) any settings that have an isolating effect on the HCBS individual residents that separates them from the broader community. Alabama Medicaid itself admits that overcoming the presumption that a setting is institutional and meeting the heightened scrutiny standard necessitates that the state show strong evidence that the setting is not institutional, which “should focus on how the setting is integrated in and supports full access of individuals receiving home and community-based services into the greater community…”

The third category of presumptively institutional settings—settings which have an isolating effect—is the most contentious. Factors in determining whether a setting has an isolating effect on the individual broadly include whether a setting is designed specifically for people with disabilities; this often includes settings designed for those with one specific disability (such as autism or intellectual disability) or settings in which the individuals are primarily or exclusively people with disabilities who receive numerous—if not most—of their services from on-site staff.

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3 See 42 C.F.R. § 441.530.
4 Id.
5 See generally ALABAMA MEDICAID AGENCY, Request for Public Comment, (September 30, 2021, last accessed October 12, 2021).
6 See 42 C.F.R. § 441.530.
7 For a broader discussion about HCBS settings, see 42 C.F.R. § 441.530 (outlining the general instructions for such settings, including monikers such as individualized choice, flexibility in schedule, and access to a private, lockable room).
A review of settings subject to the standards of the HCBS Settings Rule reveals that most settings fail to comply with the Settings Rule because they have an isolating effect.

When undertaking a heightened scrutiny review of a setting, CMS must first look at the appropriate determinations made by the state in their compliance report or periodic update report. States are able to overcome the institutional presumption by showing that the settings at issue are not isolating in effect. States fail to overcome the institutional presumption even where just one person is subjected to isolating conditions. To continue receiving HCBS funding for individual settings, states must show to CMS that those have overcome the heightened scrutiny burden.

**General Failure to Comply - Procedural**

CMS guidance requires that the state of Alabama must review settings which are presumptively institutional. Additionally, the state must allow for a period of public comment. These public comment periods should be reasonable in length, and the state should provide the public with enough information regarding specific settings in order for the public to make determinations and submit meaningful critiques of the settings. The information provided should also be reasonably organized in a way that allows the public to understand and digest the information. To the extent that Medicaid should allow for public comment in this way, the state has failed to meet these basic standards in any meaningful way.

*Length of time.* While it is true that in many tasks, such as answering a legal motion or filing a brief, 30 days is usually a sufficient amount of time, 30 days is hardly enough time to even begin a meaningful public investigation of over a thousand settings which are subject to heightened scrutiny, much less review and comment on those settings. The state, for reasons one can only speculate, has actively prevented public participation throughout most of this process. Throughout the transition period, Medicaid has consistently and systematically failed to structure a meaningful time frame for public response that would actually allow meaningful public participation and provide Medicaid the opportunity to engage with feedback from the public. Instead of providing a reasonable amount of time to investigate the over 1,200 settings that Medicaid has deemed as clearing the PI threshold, the state is giving the public an unrealistically brief period to weigh in with genuine concerns that providers, patients, and family members have regarding the care they receive.

For this particular comment period, Medicaid submitted their report for public comment on October 1st. The public has until October 29th to submit comments. Alabama, which clearly has

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9 42 C.F.R. § 441.530.
11 42 C.F.R. § 441.530.
no intention to read the comments submitted or act on them in any substantive or meaningful way, will then (presumably) turn in the comments along with their report to CMS when it is due to the agency at the end of October. Not only, then, are they providing an extremely short amount of time for public participation, but they are also tacitly admitting that they will neither not read, respond to, or act on any public comment which they might receive. This process was clearly designed to disincentivize public comments, if not prevent people from being able to make their voices heard on an important issue entirely.

This lack of care as to the public comment period timeline is nothing new from Medicaid. In its approval of Alabama’s strategic transition plan (STP) submitted in 2017, CMS noted the lack of clarity regarding the public comment attachments to the appendix as something that the state needed to address. It was only after being asked to clarify basic details such as the dates of the comment period that Alabama Medicaid disclosed them to CMS. While, again, the motive of such omissions can only be speculated upon, the state’s intent is ultimately irrelevant as the effects of limiting public participation and muddling the process are realized. Given the state’s history of muddying the waters when it comes to public participation, it would not be unreasonable to assume that Medicaid is hoping for to yet again limit public participation, and that they are once again relying on short and unclear time periods for receiving public comments to do so.

Extent of settings. It is further completely unrealistic for the state to expect that the public will be able to properly address and comment on the vast number of settings that must be reviewed during the brief window of time that the state has provided. The settings which Medicaid asserts have overcome the institutional presumption (and therefore require no remediation on their part or oversight on the part of CMS) numbers more than 700; and 300 settings are deemed in need of remediation. There are simply too many individual settings for someone to properly assess them and give feedback to the state within the required timeframe. The procedure for providing feedback appears to be intended to make the process as fragmented and shrouded from public scrutiny as possible. No one person or agency, much less the whole general public, could give actual meaningful critiques and observations on each of the settings deemed compliant in the time period allotted by the state given the sheer number of these settings.

Mislabeling/Confusing categorization of settings. Medicaid has also confused and muddled the public comment process by having disseminated information to the public regarding each setting in a confusing way. While Medicaid did divide the settings based on DMH’s five geographic

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13 Id.
service regions, there is no further division or categorization made, and the state makes no attempt to explain or categorize the settings further. None of the settings have addresses, administrators, or other identifying features listed. Additionally, when ADAP requested such identifying information—which we are entitled to as the Protection and Advocacy agency for the state—we were soundly ignored by DMH and Medicaid. While we recognize that there are some limitations per CMS guidance on what identifying information states are publicly able to provide, the state failed to follow even that guidance. For example, although states are permitted to “disclose generalized descriptions (not including names or addresses of the settings) of how the state determined that a presumptively institutional setting overcame, or will overcome, that presumption,”15 the state failed to do so here. Moreover, although 45 C.F.R. § 164.512(b)(2)(i) requires that all geographical subdivisions smaller than a state be removed when the state provides information about settings, Medicaid organized the settings listed in its public publication by DMH service regions, as described above, and listed which counties are included in each service region.

Further, many of the settings are nearly impossible to identify based on the “name” they are listed under (such as “RHOC” in DMH Region 2). Additionally, many of the settings are merely identified by a number (such as “Ability Plus #1, Ability Plus #2,” etc.).16 There is no way to differentiate which setting is which, and Medicaid makes no indication as to what specific provider settings are given what numbers. In fact, the only categorical dividers used in distinguishing provider settings are whether Medicaid deemed them compliant, whether they are residential or non-residential, and what region they are located in.17 No additional information is provided, and the state makes no attempt to expand or explain its findings for each setting, even though it would be permitted to do so under federal regulations.18 Further, the state makes no attempt to explain why they believe each of the settings deemed compliant actually overcome the institutional presumption, and it further makes no assertions to why these settings require no additional remediation. The state provides no support for its claims, and it hides the information in confusing acronyms, forcing the public to engage in what is essentially a wild goose chase in order to even figure out which setting is which on their lists.

Lack of attempt to make public aware. Throughout the whole process of the state coming into compliance with the Settings Rule, the state has failed to solicit any meaningful involvement from

17 Id.
the public (its citizens). There are no summaries, charts, or explainers for the general populace that could be readily available and digestible. In fact, the relevant information, such as demographic or geographic information about each setting, is not even in one document. Readers have to flip between documents to understand what the state is even referring to. Furthermore, the state does not clearly explain what the compliance process is or what the published report means in a way that a layperson could understand. This lack of explanation causes the public to suffer from a general lack of knowledge about the HCBS compliance process, which the state seems determined to keep as secret as possible. The failure to provide information is especially egregious when considering the fact that the members of the public who need the information most—people with disabilities and their lay providers and family caregivers—have to try and piece together what the state is even saying. Stakeholders, consumers, and family members have been given no explanation about the process, and thus their participation has been quasi-prevented, and they face exclusion from the process that could have a lifetime impact on their wellbeing and standard of care. While the state lists each setting in a chart without expounding on their reasoning for finding that a setting has or has not remediated, they are forgetting that the purpose of the HCBS Settings Rule in the first place was to help people dictate their own lives and give a sense of dignity back to many whose sense of self has been stripped by segregated, institutional settings where their lives are highly controlled and regimented.

Lack of response. As an organization, ADAP sent a letter to the state requesting information to the officials at Alabama Medicaid in order to try to obtain more facts about the settings they list in their report. The letter, sent on October 12, 2021, requested the state to identify in more detail (such as address, specific name, etc.) for the approximately 1,041 settings listed in the state’s report. ADAP requested this information because it is basic in being able to investigate the settings. ADAP, as the state protection and advocacy agency, is absolutely entitled to this basic information, it should not take an effort by the P&A to obtain this information. The fact that the state did not even give this information to ADAP shows that they have no real interest in allowing the public to make actual substantive comments on the settings in question. The state’s effort here in providing even the most basic of information shows that they have been lazy at best and in bad faith at worst.

As the state could not be trusted with identifying the settings, it was no surprise that they provided nothing in terms of a justification for why they classified each setting as they did. This was the second item that ADAP requested for each setting, and again, it should have been available up

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19 This letter is attached as “Appendix C.”
21 See “Appendix C.”
However, the state neither gave the public nor ADAP anything in terms of a justification. This fails the process yet again, as the state has essentially demanded the public to trust their determination, which begs the question of why they even asked for public comment in the first place if they were going to provide almost nothing for the public to comment on. The state, in seeking public comment, should be dismantling barriers in providing the public with information, and instead they have constructed more barriers to prevent access.

On this lack of information sharing alone, CMS should infer that the state’s effort for each setting falls short. Because they have not provided the information needed to properly ensure that the settings have overcome the scrutiny standard, the state’s report should be disregarded. CMS should instead intervene, conduct their own investigations, and direct the state to properly make the determinations they are required to do. In every single setting, the state must ensure that the dangers of institutionalization have been avoided, but they have provided no indication that they have ensured that this is the case. The state’s disregard for ADAP’s request for proof only further shows that the state failed to engage in the process CMS has directed them to, and there is nothing to show that the state has made a good faith effort to make the public aware of these settings.

Contempt of process, lazy execution, and negligent disregard for regulation. In summary, the procedural failings of the state are numerous. These failings represent the general attitude of the state on Medicaid: lackadaisical at best and malicious at worst. But whether the state engaged in the process with poor intentions is irrelevant, as the effect of the state’s lack of effort is shown in the process, nonetheless. The state has repeatedly and consistently put forth a lazy, half-baked demonstration that fails to show that they have come into compliance on any requirement of the Settings Rule. On a procedural basis alone, ADAP recommends that CMS reject the state’s claims, and conduct their own investigation. ADAP further insists that CMS must help in the remediation process, and the state must clearly define and show what that process is. CMS should intervene and prevent the state from wiggling their way through the process without the proper adherence to the settings rule.

Moreover, we know that this process can work better because we have seen other states put forth a much better effort for compliance. The state of Minnesota, for example, provides its citizens with

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23 See Fisher v. Okla. Health Care Auth., 335 F.3d 1175, 1181-82 (10th Cir. 2003) (holding that summary judgment was improper where evidence existed to show that imposing cap on medication prescriptions would lead to rise in admissions to nursing homes); see also Korab v. McManaman, 805 F. Supp. 2d 1027, 1038 (D. Haw. 2011) (finding that “[a] plaintiff may assert a violation of [the] integration mandate challenging state action that may unnecessarily risk institutionalization); V.L. v. Wagner, 669 F. Supp. 2d 1106, 1121-22 (N.D. Cal. 2009) (granting preliminary injunction against new health plan when a demonstration was made that it would severely risk institutionalization for class members); Guggenberger v. Minn., 198 F. Supp. 973, 1032 (D. Minn. 2016); Olmstead 527 U.S. at 597; Amundson ex rel. Amundson v. Wis. Dep’t of Health Serv., 721 F.3d 871, 873 (7th Cir. 2013).
an online comment system that asks them pointed, helpful questions, clearly designed to actually help the state address issues presented in its HCBS settings.\textsuperscript{24} Not only are the questions written to target the issues seen in compliance with the Settings Rule, but they are comprehensive and cover a wide array of topics within the compliance spectrum. While ADAP had circulated some questionnaires like this, there is no indication that Medicaid has done anything like this, but the fact that other states have demonstrates that they could.

**General Failure to Comply - Substantive**

For the reasons stated above, examining the general nature of the substantive compliance of settings put forth by the states is extremely difficult. Once again, the state has set forth no specific substantive markers demonstrating that the settings are not institutional in nature, and how the state came to that conclusion. However, to the extent that ADAP has been able to examine the deemed compliant settings, it has found that the general trend is that settings fail to overcome the institutional presumption due to their isolating effect.\textsuperscript{25} Because the heightened scrutiny standard shifts the burden to the state to show that they have overcome the institutional presumption, it is ADAP’s position that the state must actually demonstrate how each setting has done this. ADAP’s position is further supported by CMS guidance.\textsuperscript{26}

*Isolating effect.* The institutional presumption is applied if a setting has an isolating effect on the individuals who receive services there.\textsuperscript{27} The burden rests upon the state to show the settings do not have an isolating effect on their respective residents and are therefore not presumptively institutional. Alabama Medicaid and DMH have offered no evidence for their claims that 741 settings have remediated and are not presumptively institutional, but merely lists the settings it has deemed compliant. However, even if the burden were not on Medicaid to show they have overcome the institutional presumption, **there is ample affirmative evidence to show these institutions isolate their residents.**

*Inherent institutional qualities.* The HCBS settings rule stipulates that the settings covered by the waiver cannot have institutional qualities about them. Institutional qualities would include features such as lack of individual rooms (or inability to choose a roommate), inability to lock one’s room, common mealtimes (and inability to choose or cook one’s own food), lack of mobility, or lack of

\textsuperscript{24} See Department of Human Services, *HCBS Settings Heightened Scrutiny Process* (last accessed October 8, 2021), https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/long-term-services-and-supports/hcbs-transition/hcbs-ep.jsp. Additionally, a pdf version of the questionnaire is attached to this comment as “Appendix B.”

\textsuperscript{25} See “Appendix A.”


habitual exposure to the broader community. If a setting has any of these, then it is an institution and should lose its HCBS funding if it does not change these institutional qualities. By and large, the settings deemed compliant by state Medicaid have institutional qualities, and therefore function as quasi-institutions. CMS should investigate each of the settings the state has deemed compliant in order to ensure that they actually operate outside of the institutional criteria.

**Lack of proposed remediation.** For the few settings that Medicaid has deemed noncompliant, Medicaid asserts that they will be brought into compliance by the settings deadline (March 2023). However, the state makes no representations as to how they intend to do this. They make no representations as to why they found these settings noncompliant, and they offer no plan of action as to how they intend to demonstrate compliance at a later date. They have given these settings no publicly-available timeline for fixing the issue(s) (other than the overall submission deadline).

**Eagles Wings, Inc. Example.** One provider which ADAP was able to gather some information on is a large facility in Tuscaloosa County called Eagles Wings, Inc. (EWI). EWI operates a very large facility with several residential and day habilitation settings. Medicaid initially deemed EWI as presumptively institutional, and EWI submitted a transitional remediation plan. ADAP monitored the setting in May 2021 and interviewed five residents. Beyond this, the state and EWI did not provide ADAP with any supporting documentation, which ADAP requested.

ADAP was therefore unable to fully assess or analyze the settings of the steps EWI has claimed to take for remediation. To the extent that ADAP was able to see the transition plan, it finds that EWI’s plan of action is lacking in concrete examples and goals. There is nothing specific in the plan, and it makes a lot of assertions about empowering residents. However as far as substantive action goes there is very little as to how the provider plans to individualize each approach and deinstitutionalize the relevant HCBS settings. It is ADAP’s understanding that EWI does not want to integrate with the community, and they cannot do so. However, the settings rule makes it clear that they must do this, whether they want to or not.

**Rainbow Omega Example.** Rainbow Omega, Inc. (ROI) is a faith-based organization that provides residential and community services to its patients. The program is situated on approximately 263 acres of land in Eastaboga. The setting is rural, and all residential homes are set together. The group homes operate on a schedule, and while there is in theory public transit, there is little else done by the setting to facilitate community involvement.

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28 See 42 C.F.R. § 441.530.
29 See id.
31 See Appendix A.
32 Id.
ADAP was not provided anything relating to the state’s report on the facility, but to the extent that ADAP can access the facility, it disagrees with the state’s findings. The state has offered no affirmative evidence as to why they have found the facility compliant. They have offered nothing in terms of how the facility remediated or will remediate. Yet, the setting is still isolating to its residents. It still functions more like an institution as opposed to individualized community-based care. ADAP demands that the state provide proof as to how the facility has overcome the isolating effects heightened scrutiny. ADAP also believes it is in the best interest of HCBS recipients for CMS to conduct its own investigation.

*Ability Plus, Inc. Example.*\(^{33}\) Ability Plus (API) is a residential and day program for individuals with intellectual disabilities in Huntsville. API operates a range of group homes throughout rural Huntsville. While there is some public transit, the residents reported that it is largely inaccessible. The rest of the transportation comes in the form of group field trips to various locations. These trips are never individual, and residents are not given multiple options for field trips.

ADAP’s analysis of API was once again limited by the lack of disclosure of documentation. The only documents ADAP could base its analysis on were those obtained through residents and/or their guardians. While API maintains that its efforts to involve the residents within the community are adequate, ADAP questions whether the community involvement overcomes the scrutiny standard. Additionally, ADAP is concerned that the community involvement is all group-based, and that there is little room for individual choice. Lastly, ADAP has concerns about how the residents are able to access their finances. API maintains that they are able to access them freely, however, interviews from residents indicates that the staff distributes funds to the residents, seemingly acting as an institutional middleman.

*Nobles Group Homes, Inc. Example.*\(^{34}\) Nobles Group Homes (NGH) is a provider of residential care in the Mobile, AL area. Residents are shuffled between the 11 group homes via van for group activities. All group activities appear predetermined, and there appears to be little resident choice allowed.

As is this case with each of these providers, ADAP was not provided with any documentation, but from what ADAP has been able to see, it recommends further CMS action in this setting as well. There is little evidence that residents have individualized choice or ample opportunity for community involvement. NGH does not appear to give its residents choice of activity, and the bussing of individuals to group activities connotes an institution-like atmosphere, once again showing that the setting has not been able to successfully overcome the heightened scrutiny standard.

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\(^{33}\) Id.

\(^{34}\) Id.
French Town Example. French Town is a residential provider that operates in Jefferson County. French Town does not appear on any list reported by State Medicaid, and therefore its status as far as compliant or needing remediation is unknown to ADAP. However, ADAP was previously able to conduct visits to five of the group homes operated by French Town, which included interviews with selected residents and applicable guardians. All of those interviewed expressed disapproval of the way that community integration is currently handled, and all seemed to think that there was a lack of community involvement. Additionally, there was a lack of individual community involvement, specifically in terms of job placement and other supportive services.

This lack of community services demonstrates an isolating effect. Regardless of the state’s determination (which cannot be derived from the report) it is evident that significant remediation is required, and it remains unclear how the state or the provider intend to bring about this remediation. Due to this lack of plan, ADAP recommends that CMS intervene, and that they continue to hold the state and the state’s providers to a the presumptively institutional standard that heightened scrutiny sets into place.

Conclusion
The CMS HCBS Settings Rule was intended to help those who are most vulnerable to autonomously control aspects of their life and, by doing so, help restore a sense of dignity and freedom. It was meant to bring those living with disabilities a sense of normalcy, belonging, and community involvement. With these values and intentions in mind, CMS should not believe Alabama when it asserts that hundreds of its settings are compliant. Not only is there the possibility that the whole process was a bad faith effort, but the motive of Alabama becomes irrelevant when examining the incomprehensible nature of the report submitted and realizing its effects on the compliance and public comment processes. Further, there is no cohesion among the listings, settings, and descriptions, and there is no attempt to explain why any setting is listed where it is. No reasons were given as to why presumed institutional settings have come into compliance. Further yet, for settings which apparently have not come into compliance, the state has provided no explanation as to what remediation would entail, or what the state will do to remediate.

Due to this lack of procedural competence, CMS should step in and conduct their own investigation. They should give specific criteria to the state that State Medicaid must follow in order to come into compliance. They should make the state extend their public comment period. Lastly, they should ensure that the rights of Americans with disabilities are protected, and that the proper procedure for ensuring community engagement is followed, because the state has clearly demonstrated that, when left to its own devices, they will not.

ADAP could not locate a state determination on French Town but was able to determine that this is the correct name of the facility. ADAP requests that the state make its determination public.
Attached to this introduction, ADAP has provided specific comments for the settings it was able to gain some access to, including Eagles Wings, Rainbow Omega, Ability Plus, Nobles Group Homes, and French Town. Additionally, ADAP has provided a form comment that explains the lack of procedural compliance by the state in the process. The form comment also specifies why ADAP believes the state would have failed to overcome the heightened scrutiny standard even if the reporting by the state had been procedurally proper.

Respectfully,

/s/James A. Tucker  
Executive Director

/s/Nancy E. Anderson  
Associate Director

/s/Christy S. Johnson  
Investigator Supervisor

/s/Shandra N. Monterastelli  
Staff Attorney

/s/Cole C. Adams  
Law Clerk
APPENDIX A

COMMENTS ON INDIVIDUAL SETTINGS IDENTIFIED BY THE STATE AS BEING SUBJECT TO THE HCBS SETTINGS RULE
Individual Examples

Eagles Wings, Inc.

Provider Overview

Eagles Wings, Inc. (EWI) describes itself as a “non-profit agency that provides Day Habilitation and Residential Services for adults with developmental disabilities.” The agency is situated on almost 100 acres of land in rural western Tuscaloosa County. According to EWI, the property consists of:

- A 7,200 square foot multipurpose building
- Two commercial greenhouses with another one in progress
- Two Residential Homes
- Gift Shop is open to the public

EWI opened its most recent living unit, a four-bed group home, in Spring 2019. See: https://wvua23.com/eagles-wings-founders-build-home-for-quartet-of-friends-with-special-needs/

DMH Findings and EWI’s Remediation Plan

EWI was presumed institutional by the Alabama Department of Mental Health (DMH), which concluded, among other things, that the program is “physically located separate and apart from the broader community.” EWI submitted a “Transition to Compliance” Plan (TCP) that identified the actions it was going to take to correct its institutional nature. This plan was accepted by DMH in November 2019.

In response to the finding that it was separate and apart, three remediation options were open to EWI. Option 1, as outlined in EWI’s TCP Plan, would have required that EWI relocate its services to a setting that is not physically separate and apart from the broader community. Barring that option being selected, EWI had to implement both Options 2 and 3 (or their equivalent). That is, EWI had to “implement policies and practices that ensure individuals served to have choice in receiving service outside of the setting or to engage in activities outside of the setting” and “use public buildings and venues to regularly support people to have the opportunity to engage in activities outside the home with people who do not receive HCBS.”

EWI did not choose Option 1; as described above, EWI is physically structured as a residential/habilitation compound on almost 100 acres of land, with its newest residential home having just been opened with the last two years.

Instead, EWI chose to pursue Options 2 and 3. To fulfill Options 2 and 3, EWI had to respond to the “separate and apart” finding and demonstrate, among other things, that people receiving HCBS at EWI were interacting with people from the broader community in integrated settings, had the
opportunity to explore and pursue work in integrated community settings, and that EWI was supporting people in volunteering with people without disabilities in the broader community.

**ADAP Review and Comments**

ADAP monitored EWI in May 2021. During that monitoring, we interviewed five residents and, where applicable, their guardians. With a resident’s written permission, ADAP secured and reviewed the resident’s person-centered plan (PCP) and related documentation.

On October 12, 2021, ADAP requested from DMH and the Alabama Medicaid Agency (AMA) all supporting documentation related to the assessment and remediation of programs like EWI. This request was made in accordance with the HCBS Settings Rule protocol shared by the AMA (September 30, 2021). Neither DMH nor AMA provided ADAP with the requested documentation. Consequently, ADAP was unable to analyze fully EWI’s proposed remedial actions steps, completed actions, and results.

Regarding EWI’s status as a presumptively institutional setting, we offer these comments:

- EWI’s TCP contains a lot of statements about how EWI “encourages,” “empowers,” and “exposes” residents to support their individualized choice. However, choice is an illusion if that choice is limited by a lack of individualized planning and available supports and the TCP is short on concrete action steps that EWI is going to undertake to restructure its programming to expand meaningful community integration for its residents. For example, the TCP states that “[p]eople are supported to establish and maintain relationships with non-paid staff.” What specific and measurable action steps is EWI going to take to ensure that this laudatory outcome is achieved?

- The TCP references a variety of activities and opportunities which EWI clients have pursued, including volunteering at a food bank and a thrift store, and participating in Parks and Recreation Authority (PARA) activities. However, there is a certain sameness to the reviewed PCPs in the activities which residents pursue: trips to Dollar General and Walmart, singing in the EWI choir, volunteering at the local food bank and participating in diaper drives are repeatedly referenced across reviewed PCPs. The way the TCP and PCPs are written, it sounds as if these are activities identified and designed by each individual. It seems just as likely that these are group activities. That is, they are planned by EWI and people can opt into or out of (choice) but they end up being segregated trips for clusters of residents. Indeed, one interviewee stated that most of his activities are in van trips and another resident’s PCP states that the resident goes out in small groups. Curiously, the TCP even states that “[i]ndividuals who live in the home go places with friends and participate in a variety of activities which are all segregated.”

- The TCP states that “each person is empowered to participate in the broader community by engaging with neighbors and inviting neighbors of the person’s choice to home dinners, BBQs, joining neighborhood watch groups and other events.” This statement gives the impression that EWI is in the middle of a community where EWI residents can organically create linkages with neighbors who are persons without disabilities. EWI’s remote and segregated location belies
the likelihood of such a reality. While ADAP understands that the rural nature of a setting is not, in and of itself, problematic, it is somewhat disingenuous for EWI to suggest these neighborly and homey strategies are a way for residents to foster connections with persons in integrated community settings.

- It is unclear what EWI’s intentions are in relation to its onsite day habilitation program. Per reviewed PCPs, it “will resume when deemed safe.”
Rainbow Omega, Inc.

Provider Overview

Rainbow Omega, Inc. (ROI) describes itself as a “faith-based non-profit organization that provides vocational and residential programs to adults with intellectual and developmental disabilities.” The program is situated on approximately 263 acres of land in Eastaboga. According to ROI, the property consists of:

- 7 large family-style group homes for 82 adults
- 16-bed Intermediate Care Facility
- Short-term respite homes
- Carpenter Work Center; manufacturer contracts like Honda, Birmingham Fasteners, Metro Mail
- Garden Center is open to the public

ROI is located in a rural community setting in Eastaboga, Alabama. All seven residential homes and ROI buildings are nestled together in one area accessible by a dedicated entrance. Although a public transit route runs close to the program, it appears that very few residents, if any at all, actually use the system. All residents ADAP interviewed and public records suggest that almost all ROI residents attend the ROI day program, work in the Carpenter Work Center or Garden Center on campus. All 7 homes are larger group homes serving 8 residents each. Homes operate on schedules and residents are primarily transported in groups to community activities by van. Residents may vote on a particular community outing or choose from a predetermined menu of options.

DMH Findings

ADAP was not provided a copy of the DMH Findings.

ADAP Review

ADAP monitored ROI in July 2021. During that monitoring, we interviewed twelve residents and, where applicable, their guardians. With a resident’s written permission, ADAP secured and reviewed the resident’s person-centered plan and related documentation.

On October 12, 2021, ADAP requested from DMH and the Alabama Medicaid Agency (AMA) all supporting documentation related to the assessment and remediation of programs like ROI. This request was made in accordance with the HCBS Settings Rule protocol shared by the AMA (September 30, 2021). However, DMH did not provide ADAP with this documentation. Consequently, ADAP was unable to analyze fully ROI’s actions steps, completed actions, and results.

ROI Transition to Compliance Plan

ADAP was not provided a copy of the ROI Transition to Compliance Plan.
ADAP Comments

In July 2021, ADAP conducting monitoring activities during which it toured the ROI campus and 5 of 7 group homes, interviewed 12 residents and guardians, and completed a survey with ROI leadership. The ROI administrative survey focused on:

1) Integrated residential and employment opportunities;
2) Community integration;
3) Personal choice in daily activities, environments and interactions;
4) Program supports and services; and
5) Basic rights.

ADAP interviewed 12 residents, and some guardians, and asked questions pertaining to:

1) Residential services;
2) Overall experience;
3) Employment and day services;
4) Financial choice;
5) Basic rights; and
5) Personal care services.

In addition, ADAP reviewed Person Centered Plans, when permitted, and ROI self-assessments for each of the five homes selected. The following statements summarize information provided by ROI administrative staff and that provided by residents and/or guardians.

- ROI reports that house vans and house manager’s cars are used to transport residents into the community. All residents or guardians interviewed indicate that residents are usually transported to the community by a ROI van and in groups.

- ROI reports that residents interact with individuals in the community through activities like beauty appointments and trips to the shopping mall. Residents and guardians interviewed indicated that community activities occur primarily in groups. These activities do not appear to reflect individual choice, independent activities or true community integration.

- ROI reports that residents usually tour the facility and visit overnight to determine suitability. Residents interviewed stated the provider was selected by a family member and/or they were unaware how to select a different provider.

- ROI reports that residents have access to personal money. Residents indicate, and ROI confirmed in its self-assessment, that personal funds are accessible when staff are available to distribute funds.

- ROI employs a Residential Services Activity Coordinator who relays to all residents the activities available. Residents can select activities in which to participate. Staff provide residents with a weekly outing schedule. Residents and guardians indicate that community
activities are not individualized, are primarily selected from a menu of options and occur in groups by van.

- ROI operates a vocational center, garden center, cafeteria and day program. ROI contracts with different manufacturers to perform piecework. All residents interviewed work in the ROI vocational center, garden center or cafeteria and attend the ROI day program. However, several residents expressing the desire to work in the community like at Walmart, the library, working with horses, working with children or in a church setting. While these “dreams” were identified in Person Centered Plans, there is no indication that ROI is taking concrete steps to help people realize their goals.

- ROI states it offers volunteer opportunities at a nursing home, thrift store and local coffee shop. No residents interviewed are currently volunteering at any of the above stated locations and some expressed other interests than those offered.

- ROI states it completes a Personal Outcome Measures assessment to determine preferences in schedules and activities. However, preferences identified in individual person-centered plans do not appear to be reflected in real life activities.
**Provider Overview**

Ability Plus, Inc. (API) describes itself as a non-profit organization that provides a “loving and compassionate family-like environment with 24-hour care through 18 residential homes and day habilitation for individuals with intellectual disabilities.”

API homes are located throughout several rural community settings in Huntsville, Alabama and surrounding areas. Although a public transit route runs close to the program, it appears that very few residents, if any at all, actually use the system. All residents ADAP interviewed and public records suggest that almost all API residents attend the API day program. All 18 homes have 6 residents or fewer, most not at full capacity. Homes operate on schedules and residents are primarily transported in groups to community activities by van. Residents may vote on a particular community outing or choose from a predetermined menu of options.

**DMH Findings**

ADAP was not provided a copy of the DMH Findings.

**ADAP Review**

ADAP monitored API in July 2021. During that monitoring, we interviewed twelve residents and, where applicable, their guardians. With a resident’s written permission, ADAP secured and reviewed the resident’s person-centered plan and related documentation.

On October 12, 2021, ADAP requested from DMH and the Alabama Medicaid Agency (AMA) all supporting documentation related to the assessment and remediation of programs like API. This request was made in accordance with the HCBS Settings Rule protocol shared by the AMA (September 30, 2021). DMH did not provide ADAP with this documentation. Consequently, ADAP was unable to analyze fully API’s actions steps, completed actions, and results.

**API Transition to Compliance Plan**

API provided a copy of the Transition to Compliance Plan for “Willow Ridge CRF.” The target date for completion of remediation steps was August 20, 2021. No updated plan was provided.

**ADAP Comments**

In March 2021, ADAP conducting monitoring activities during which it toured 10 of 18 group homes, interviewed about 15 residents and guardians, and completed a survey with AP leadership. The AP administrative survey focused on:

1) Integrated residential and employment opportunities;
2) Community integration;
3) Personal choice in daily activities, environments and interactions;
4) Program supports and services; and
5) Basic rights.
ADAP interviewed 15 residents, and some guardians, and asked questions pertaining to:

1) Residential services;
2) Overall experience;
3) Employment and day services;
4) Financial choice;
5) Basic rights; and
5) Personal care services.

In addition, ADAP reviewed Person Centered Plans, when permitted, and API self-assessments for each of the five homes selected. The following statements summarize information provided by API administrative staff and that provided by residents and/or guardians.

- API reports that house vans are used to transport residents into the community. All residents or guardians interviewed indicate that residents are usually transported to the community by an API van and in groups.

- API reports that residents interact with individuals in the community through activities like hair appointments and trips to restaurants, ball games, park outings. Residents and guardians interviewed indicated that community activities occur primarily in groups. These activities do not appear to reflect individual choice, independent decision-making, or true community integration.

- API reports that residents have access to personal money. Residents indicate, and API confirmed in its self-assessment, that personal funds are accessible when staff are available to distribute funds.

- API employs a Residential Services Activity Coordinator who relays to all residents the activities available. Residents can select activities in which to participate. Staff provide residents with a weekly outing schedule. Residents and guardians indicate that community activities are not individualized, are primarily selected from a menu of options and occur in groups by van.

- API operates a day program. The day program is currently closed due to COVID-19 and indicates it operates via Zoom in the meantime. Most residents interviewed had jobs within the community prior to COVID-19 and have hopes to return soon.
Nobles Group Homes, Inc.

Provider Overview

Nobles Group Homes, Inc. (NGH)’s description states that it is a “home-like residential facility providing habilitation, support and monitoring services to individuals diagnosed with intellectual and/or developmental disabilities.” The program has 11 homes spread throughout the Mobile area.

NGH’s 11 homes are located in rural and historic downtown Mobile, Alabama. Although a public transit route runs close to many of the homes, it appears that very few residents, if any at all, actually use the system. All residents ADAP interviewed and public records suggest that almost all NGH residents, eligible to work, are employed by NGH and perform office duty tasks. There are currently 25 residents being served within the 11 group homes. Homes operate on schedules and residents are primarily transported in groups to community activities by van. Residents have a community list of events posted and all attended the predetermined events.

DMH Findings

ADAP was not provided a copy of the DMH Findings; ADAP was only provided the certification letter dated June 25, 2021.

ADAP Review

ADAP monitored NGH in July 2021. During that monitoring, we interviewed seven residents and, where applicable, their guardians. With a resident’s written permission, ADAP secured and reviewed the resident’s person-centered plan and related documentation.

On October 12, 2021, ADAP requested from DMH and the Alabama Medicaid Agency (AMA) all supporting documentation related to the assessment and remediation of programs like NGH. This request was made in accordance with the HCBS Settings Rule protocol shared by the AMA (September 30, 2021). DMH did not provide ADAP with this documentation. Consequently, ADAP was unable to analyze fully NGH’s action steps, completed actions, and results.

NGH Transition to Compliance Plan

ADAP was not provided a copy of the NGH Transition to Compliance Plan.

ADAP Comments

In July 2021, ADAP conducted monitoring activities during which it toured three (3) of NGH’S of 11 group homes, interviewed seven (7) residents and guardians, and completed a survey with NGH leadership. The NGH administrative survey focused on:

1) Integrated residential and employment opportunities;
2) Community integration;
3) Personal choice in daily activities, environments and interactions;
4) Program supports and services; and
5) Basic rights.
ADAP interviewed seven (7) residents and one (1) guardian (most residents did not have guardians), and asked questions pertaining to:

1) Residential services;
2) Overall experience;
3) Employment and day services;
4) Financial choice;
5) Basic rights; and
5) Personal care services.

In addition, ADAP reviewed person-centered plans, when permitted, and NGH self-assessments for each of the three homes selected. The following statements summarize information provided by NGH administrative staff and that provided by residents and/or guardians.

- NGH reports that house vans and personal residents’ cars are used to transport residents into the community. All residents and guardians interviewed indicate that residents are usually transported to the community in groups by an NGH van.

- NGH reports that residents interact with individuals in the community through activities like park outings, community events, and neighborhood events. Residents and guardians interviewed indicated that community activities occur primarily in groups. These activities do not appear to reflect individual choice, independent decision-making, or true community integration.

- NGH reports that residents have access to personal money through bank accounts. Residents indicate, and NGH confirmed in its self-assessment, that personal funds are accessible when staff are available to distribute funds.

- Staff provide residents with a monthly outing schedule. Residents and guardians indicate that community activities are not individualized, and primarily occur in groups by van.

- NGH operates a work program within their Administration Office. Most residents interviewed work in the Administration Office. However, several residents expressing the desire to work in the community; some examples given were Walmart, the library, working with horses, working with children or in a church setting. While these “dreams” were identified in person-centered plans, there is no indication that NGH is taking concrete steps to help people realize their goals.
Purported Remediated/Compliant Residential Settings

Region 1

A&K Heavenly Homes

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

ADAP therefore maintains that the actual substance of each setting’s compliance is extremely difficult, if not impossible, to ascertain. However, to the extent that ADAP is able to monitor the compliance of each setting, it has found that the settings have not come close to demonstrating they have overcome the heightened scrutiny standard. First, each setting has not shown how it has overcome the isolating effect which made them presumptively institutional in the first place. They have provided no plan and made no showing to prove that the settings no longer have an isolating effect on their residents. Further, they have given no representations that they have made efforts to fix the still-present institutional qualities. For instance, the settings still have rooms in which residents have no privacy, or they did not get to pick their roommate. Additionally, the setting must allow its residents to be involved in the community, and that involvement must go beyond an occasional mandatory bus trip. Lastly, residents still do not have access to food or meals when they please, which further instills the setting as an institution. Each setting is quasi-institutional in nature, and the state has given no plan as to how it intends to have each setting remediate. While DMH and state Medicaid have made some limited information available to the public, much of it lacks the proper context, and most of it is given without explanation or justification, making almost all of it useless and meaningless.

AFB Diversified, New Beginnings #1

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state
Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**AFB Diversified, New Beginnings #2**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.
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**AFB Diversified, New Beginnings #3**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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an occasional mandatory bus trip. Lastly, residents still do not have access to food or meals when they please, which further instills the setting as an institution. Each setting is quasi-institutional in nature, and the state has given no plan as to how it intends to have each setting remediate. While DMH and state Medicaid have made some limited information available to the public, much of it lacks the proper context, and most of it is given without explanation or justification, making almost all of it useless and meaningless.

**AFB Diversified, New Beginnings #4**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**AFB Diversified, New Beginnings #5**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the
relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**Altus Residential - Sterling Co. #1**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment
ADAP therefore maintains that the actual substance of each setting’s compliance is extremely difficult, if not impossible, to ascertain. However, to the extent that ADAP is able to monitor the compliance of each setting, it has found that the settings have not come close to demonstrating they have overcome the heightened scrutiny standard. First, each setting has not shown how it has overcome the isolating effect which made them presumptively institutional in the first place. They have provided no plan and made no showing to prove that the settings no longer have an isolating effect on their residents. Further, they have given no representations that they have made efforts to fix the still-present institutional qualities. For instance, the settings still have rooms in which residents have no privacy, or they did not get to pick their roommate. Additionally, the setting must allow its residents to be involved in the community, and that involvement must go beyond an occasional mandatory bus trip. Lastly, residents still do not have access to food or meals when they please, which further instills the setting as an institution. Each setting is quasi-institutional in nature, and the state has given no plan as to how it intends to have each setting remediate. While DMH and state Medicaid have made some limited information available to the public, much of it lacks the proper context, and most of it is given without explanation or justification, making almost all of it useless and meaningless.

Almus Residential - Sterling Co. #2

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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to fix the still-present institutional qualities. For instance, the settings still have rooms in which residents have no privacy, or they did not get to pick their roommate. Additionally, the setting must allow its residents to be involved in the community, and that involvement must go beyond an occasional mandatory bus trip. Lastly, residents still do not have access to food or meals when they please, which further instills the setting as an institution. Each setting is quasi-institutional in nature, and the state has given no plan as to how it intends to have each setting remediate. While DMH and state Medicaid have made some limited information available to the public, much of it lacks the proper context, and most of it is given without explanation or justification, making almost all of it useless and meaningless.

**ARC of DeKalb Co. #1**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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ARC of DeKalb Co. #4

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**ARC of DeKalb Co. #5**

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**ARC of DeKalb Co. #6**

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**AS & C Homes, Inc. #1**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the
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AS & C Homes, Inc. #2

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**AS & C Homes, Inc. #3**

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**Benefield Homes**

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**Brook Haven Homes, Inc.**

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**CCCDD, Inc. #1**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.
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CCD, Inc. #6

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**Enrestoration, Inc.**

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Enrestoration, Inc. #5

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**Episcopal Kyle Homes, Inc.**

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**Family Tree #1**

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**GSC Care, Inc. #1**

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H.O.P.E. Inc. #1

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**Haymon Homes #1**

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**Haymon Homes #16**

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**Haymon Homes #18**

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**Heritage Homes #1**

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**Integrity Homes #6**

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**J&S Homes #1**

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Lifeway Systems, Inc. #1

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Lifeway Systems, Inc. #3

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**Loyd Homes of Decatur, Inc. #9**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**Loyd Homes of Decatur, Inc. #10**

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**Loyd Homes of Decatur, Inc. #13**

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**Montis Residential - Sterling Co., Inc. #1**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**Montis Residential - Sterling Co., Inc. #2**

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**North AL Family Serv's #1**

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North AL Family Serv's #2

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North AL Family Serv’s #3

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**Pinnacle Residential -Sterling Co., Inc. #1**

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**Pinnacle Residential -Sterling Co., Inc. #5**

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**R&R Enterprises LLC #1**

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R&R Enterprises LLC #2

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R&R Enterprises LLC #3

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**R&R Group Homes #1**

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R&R Group Homes #2

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R&R Group Homes #3

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R&R Group Homes #4

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**R&R Group Homes #6**

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**Renaissance House, LLC - Sterling Co. #1**

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**Renaissance House, LLC - Sterling Co. #2**

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**Renaissance House, LLC - Sterling Co. #3**

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**Roseland Developmental Homes, LLC**

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**SCOPE 310 Authority #1**

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**SCOPE 310 Authority #2**

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SCOPE 310 Authority #3

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Shepherd's Heart, LLC #1

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**Shepherd’s Heart, LLC #5**

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Sunlight Home, LLC #1

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**Sunshine Residential Homes**

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**T&N Home**

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The Arc of Madison Co., Inc. #3

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The Arc of Madison Co., Inc. #6

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**The Arc of the Shoals #1**

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The Learning Tree, Inc.

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**TLC Estates #1**

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**TLC Estates #2**

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**Tri-County Group Homes, Inc. #1**

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Tri-County Group Homes, Inc. #2

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**Tri-County Group Homes, Inc. #3**

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**TSR Group Home #1**

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United Community Home Care

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**Village Home Care, Inc. #1**

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VOASE, Inc. #11

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**Region 2**

**Arc of Walker - Duplex A.**
Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**Arc of Walker – Farmstead**

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**Arc of Walker - Green Acres**

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**Arc of Walker – Hideaway**

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Arc of Walker - Laurel Lane

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Arc of Walker – Salem

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faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

ADAP therefore maintains that the actual substance of each setting’s compliance is extremely difficult, if not impossible, to ascertain. However, to the extent that ADAP is able to monitor the compliance of each setting, it has found that the settings have not come close to demonstrating they have overcome the heightened scrutiny standard. First, each setting has not shown how it has overcome the isolating effect which made them presumptively institutional in the first place. They have provided no plan and made no showing to prove that the settings no longer have an isolating effect on their residents. Further, they have given no representations that they have made efforts to fix the still-present institutional qualities. For instance, the settings still have rooms in which residents have no privacy, or they did not get to pick their roommate. Additionally, the setting must allow its residents to be involved in the community, and that involvement must go beyond an occasional mandatory bus trip. Lastly, residents still do not have access to food or meals when they please, which further instills the setting as an institution. Each setting is quasi-institutional in nature, and the state has given no plan as to how it intends to have each setting remediate. While DMH and state Medicaid have made some limited information available to the public, much of it lacks the proper context, and most of it is given without explanation or justification, making almost all of it useless and meaningless.

Arc of Walker - The Forest

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.
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Arc of Walker - The Meadows

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**Arc of Walker - The Ridge**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**Arc of Walker - Oak Rain**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the
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**Arc of Walker – Stonecreek**

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**Arc of Walker - The Cottage**

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Community Options - 4th Ave. CRF

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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Community Options – Clearview

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Community Options – Copeland

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**Community Options - Dill CRF**

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**Community Options - Hill House**

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**Community Options - Street CRF**

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**Davis LLC – Davis**

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**Daycrest – Crabtree**

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**Daycrest - Magnificent Care**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**Daycrest – Shadesbrook**

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**Daycrest – Daycrest**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state
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Debrick - Better Living

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.
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Debrick - Ocean Community CRF

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**Debrick - Ocean Community II**

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**Debrick - Ocean Community III**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the
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**Debrick - Ocean Community IV**

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Debrick - Ocean Community V

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**Debrick - Ocean Community VI**

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**Future Living - Abundant Rain**

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**Future Living I**

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**Future Living II**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**Future Living - Woodland Park**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the
federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**Genesis - Genesis 1**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**Genesis - Genesis II**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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Indian Rivers - Alexander Lane

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.
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**Indian Rivers – Jemison**

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**Indian Rivers - Philadelphia Project**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**James River - Forrest Trail**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the
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James River – North Brook

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**Johnson – Johnson**

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Kaene LLC – Kaene

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**King – King-Holley Apt. A**

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King – King-Holley Apt. B

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**Little – Little**

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**Modern Day**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the
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New Life – MKW I

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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New Life – MKW III

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New Life – Washington 6

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New Life – Washington 5

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**New Life – Washington II**

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Northwest – Adolescent

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Northwest – Genesis House

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment
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**Northwest – Ivy Glen**

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Northwest – Lakewood Apts.

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Northwest – Navulu

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Northwest – R&C

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Northwest – Willowbee

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Pickens – Pickens

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**Project of Safe Haven**

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RHOC – 946 22nd Ave CRF

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Sunrise – 30th Ave

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid have made some limited information available to the public, much of it lacks the proper context, and most of it is given without explanation or justification, making almost all of it useless and meaningless.
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Sunrise – Alpine Meadows

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Sunrise – Crescent Gardens

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Sunrise – Englewood Gardens

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Sunrise – Glory Hill

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Sunrise – Heatherwood Garden

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Sunrise – Mayfield Way

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to fix the still-present institutional qualities. For instance, the settings still have rooms in which residents have no privacy, or they did not get to pick their roommate. Additionally, the setting must allow its residents to be involved in the community, and that involvement must go beyond an occasional mandatory bus trip. Lastly, residents still do not have access to food or meals when they please, which further instills the setting as an institution. Each setting is quasi-institutional in nature, and the state has given no plan as to how it intends to have each setting remediate. While DMH and state Medicaid have made some limited information available to the public, much of it lacks the proper context, and most of it is given without explanation or justification, making almost all of it useless and meaningless.

Sunrise – Starlight

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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Sunrise – Thompson Way

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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The Arc of F/L/M – Grayson

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the
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**The Arc of F/L/M – Greenwood**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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The Arc of F/L/M – Hidden Hollow

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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lacks the proper context, and most of it is given without explanation or justification, making almost all of it useless and meaningless.

The Arc of F/L/M – Home 310

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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The Arc of F/L/M – Home 810

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the
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**The Arc of F/L/M – Johnston Place**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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The Arc of F/L/M – Lamar Haven

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**The Arc of F/L/M – Mulberry Manor**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**The Arc of F/L/M – Phillip Grove**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state
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**The Arc of F/L/M – Riverbend**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.
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The Arc of F/L/M – Stewart

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**The Arc of F/L/M – Home 927**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**Turner LLC – Turner I**

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**Virtuous Women – Virtuous Women**

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VOA – Porter I

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**VOA – Brown**

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VOA – Buddy

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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VOA – Chelsie CRF

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**VOA – Cooper 2**

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**VOA – Cox II**

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**VOA – Edwards**

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VOA – Eldorado II

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VOA – Eldorado

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**VOA – Elliott I**

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**VOA – Grace**

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**VOA – Herrod**

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**VOA – High II**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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VOA – High III

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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VOA – High

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**VOA – Hinton**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment
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**VOA – Hyde**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**VOA – Indian Lakes 10A**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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VOA – Indian Lakes 10B

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VOA – JAYA

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VOA – Kemp

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**VOA – Locust Lane**

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**VOA – M&M Hills**

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**VOA – Myah**

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**VOA – Neal II**

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**VOA – Neal III**

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**VOA – Porter III**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**VOA – Pruitt**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state
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**VOA – Tolbert II**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.
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**VOA – Williams**

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**VOA – Wrigley Way**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**Region 3**

**Arc of Baldwin Co. – Cindy Haber Center #1**
Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**Arc of Baldwin Co. – Cindy Haber Center #2**

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**Arc of Baldwin Co. – Cindy Haber Center #3**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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Arc of Baldwin Co. – Cindy Haber Center #4

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**Arc of Baldwin Co. – Cindy Haber Center #5**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**Arc of Baldwin Co. – Cindy Haber Center #6**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the
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Arc of Baldwin Co. – Cindy Haber Center #7

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Cahaba Center for Mental Health #1

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**Cahaba Center for Mental Health #3**

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**Cahaba Center Hilltop Apartments**

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**Clarke County ARC (TACC)**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.
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**Dawn House**

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**Exclusive Res**

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**Hill Res #1**
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**Hill Res #2**

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Hill Res #4

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Hope Ahead #1

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Hope Ahead #2

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**Hope Humanity House #1**

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**Jireh-VOA**

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L’Arche #1

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L’Arche #2

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**Lifetime Healthcare**

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Meadow’s Place

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Melonie Thompson Res-VOA #1

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**Mobile Arc #4**

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Northview Health Systems #1

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**Parker Adult Foster Homes Res**

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Robinson Res

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Rondi Wilkins Res – VOA

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330
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**The Arc of Southwest Alabama**

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**Region 5**

**Altapointe #1**
Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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ARC of Central AL #1

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ARC of Central AL #4

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ARC of Central AL #10

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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ARC of Central AL #11

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**ARC of Central AL #12**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.
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DMH and state Medicaid have made some limited information available to the public, much of it
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**ARC of Central AL #13**

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comment on settings individually and specifically. We did make a request to the state for the
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**ARC of Central AL #14**

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ARC of Central AL #16

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ARC of Central AL #18

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**ARC of Central AL #21**

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**ARC of Central AL #25**

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compliance of each setting, it has found that the settings have not come close to demonstrating they have overcome the heightened scrutiny standard. First, each setting has not shown how it has overcome the isolating effect which made them presumptively institutional in the first place. They have provided no plan and made no showing to prove that the settings no longer have an isolating effect on their residents. Further, they have given no representations that they have made efforts to fix the still-present institutional qualities. For instance, the settings still have rooms in which residents have no privacy, or they did not get to pick their roommate. Additionally, the setting must allow its residents to be involved in the community, and that involvement must go beyond an occasional mandatory bus trip. Lastly, residents still do not have access to food or meals when they please, which further instills the setting as an institution. Each setting is quasi-institutional in nature, and the state has given no plan as to how it intends to have each setting remediate. While DMH and state Medicaid have made some limited information available to the public, much of it lacks the proper context, and most of it is given without explanation or justification, making almost all of it useless and meaningless.

**ARC of Central AL #26**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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ARC of Central AL #27

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comment on settings individually and specifically. We did make a request to the state for the
relevant information, and although ADAP—as the Protection and Advocacy Agency for the State
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ARC of Central AL #28

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comment on settings individually and specifically. We did make a request to the state for the
relevant information, and although ADAP—as the Protection and Advocacy Agency for the State
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ARC of Central AL #29

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ARC of Central AL #30

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395
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**ARC of Central AL #31**

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**ARC of Central AL #32**

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ARC of Central AL #38

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**ARC of Central AL #40**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

ADAP therefore maintains that the actual substance of each setting’s compliance is extremely difficult, if not impossible, to ascertain. However, to the extent that ADAP is able to monitor the compliance of each setting, it has found that the settings have not come close to demonstrating they have overcome the heightened scrutiny standard. First, each setting has not shown how it has overcome the isolating effect which made them presumptively institutional in the first place. They have provided no plan and made no showing to prove that the settings no longer have an isolating effect on their residents. Further, they have given no representations that they have made efforts to fix the still-present institutional qualities. For instance, the settings still have rooms in which residents have no privacy, or they did not get to pick their roommate. Additionally, the setting must allow its residents to be involved in the community, and that involvement must go beyond an occasional mandatory bus trip. Lastly, residents still do not have access to food or meals when they please, which further instills the setting as an institution. Each setting is quasi-institutional in nature, and the state has given no plan as to how it intends to have each setting remediate. While DMH and state Medicaid have made some limited information available to the public, much of it lacks the proper context, and most of it is given without explanation or justification, making almost all of it useless and meaningless.

**ARC of Central AL #41**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the
federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**ARC of Central AL #42**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**ARC of Central AL #43**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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nature, and the state has given no plan as to how it intends to have each setting remediate. While DMH and state Medicaid have made some limited information available to the public, much of it lacks the proper context, and most of it is given without explanation or justification, making almost all of it useless and meaningless.

ARC of Central AL #44

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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ARC of Central AL #45

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid have made some limited information available to the public, much of it lacks the proper context, and most of it is given without explanation or justification, making almost all of it useless and meaningless.
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**ARC of Central AL #46**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.
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ARC of Central AL #47

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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ARC of Central AL #48

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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ARC of Central AL #49

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the
relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**ARC of Central AL #50**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment
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ARC of Central AL #51

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**ARC of Jefferson (Blount) #1**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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ARC of Jefferson (Blount) #4

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**ARC of Jefferson (Blount) #5**

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**ARC of St. Clair**

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Chilton-Shelby #3

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**Glenwood #1**

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Highland Health #1

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**Talladega (Enrestoration)**

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Purported Remediated/Compliant Non-Residential Settings

Region 1

CDDNCA, Inc. #1

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DeKalb Co. Ed. & Training Ctr. Sterling Co.

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Arc of Madison Co. #1

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Arc of the Shoals

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Region 2

(Arc of Walker) Arc of Walker

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(Northwest) Windows Unlimited

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**Region 3**

**Clarke County ARC (TACC)**

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**Mobile Arc Day Program – Moore Learning Center (now AltaPointe)**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State
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**The Arc of Southwest Alabama – Chatom Day Program**

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Region 4

Chattahoochee Valley Haven School

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Region 5

Action Industries

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**ARC of Blount Co.**

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**ARC of Central AL Annex**

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ARC Tom Leonard

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Arc-Way 228

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Calhoun Co. – Duke

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Cleveland Workshop – Blount

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**Crestwood ARC**

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**Glenwood-McCloud Center**

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**Highland Health Fruithurst**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the
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**Randolph Co. Learning Center**

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United Ability

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Non-Remediated/Non-Compliant Residential Settings

Region 1

Enrestoration, Inc. #1

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**Enrestoration, Inc. #2**

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**Episcopal Kyle Homes, Inc. #1**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad
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Episcopal Kyle Homes, Inc. #2

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**H.O.P.E. Inc. #1**

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H.O.P.E. Inc. #2

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Haymon Homes #1

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**Haymon Homes #2**

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**Haymon Homes #3**

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**Integrity Homes**

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**Jackson Co. Community Services #3**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**Lifeway Systems, Inc.**

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**Montis Residential #1**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**Montis Residential #2**

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**R & R Group Homes**

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The Learning Tree, Inc. #1

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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**The Learning Tree, Inc. #2**

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**World Advance, Inc. #1**

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Region 2

(Arc of Walker) Brook Haven

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(Arc of Walker) Haney

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(Arc of Walker) South Lowell

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(Community Options) Arkadelphia

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(Indian Rivers) Kaulton #2

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(Indian Rivers) Loop Road

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(Indian Rivers) Watertowers Place #1

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(Northwest) Pine Haven

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(Sunrise) Covington Villa

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(The Arc of F/L/M) Carver

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(The Arc of F/L/M) Home 268

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(The Arc of F/L/M) Ivy Brook

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(The Arc of F/L/M) Pinewood

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(The Arc of F/L/M) Pleasant Hill

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(The Arc of F/L/M) Steele

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(The Arc of F/L/M) Shadow Oaks

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(Turner LLC) Turner II

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(VOA) 1St Street

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(VOA) Elliott II

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(VOA) M & M II

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(VOA) Windsor II

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(Weaver) Weaver I

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(Weaver) Weaver II

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Region 3

A & E Supported Living #1

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A & E Supported Living #2

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Arc of Baldwin County (ARCBC) - Cindy Haber Center

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**Dawn House**

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Donald Hammond-VOA #1

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Donald Hammond-VOA #2

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**Eva Reed-VOA #1**

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Eva Reed-VOA #2

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Graham's House of Hope #1

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Life Care Services LLC

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Louise Davis

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**Robinson Res**

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Tajuacha -VOA #1

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**EAMH #1**

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EAMH #2

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EEARC #3

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HCCG

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HELP

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HGH

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HGH/Oui Care

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Region 5

ARC of Central AL

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**Bridget’s Home**

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**Non-Remediated/Non-Compliant Non-Residential Settings**

**Region 1**

**ARC of Marshall County**

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**Cherokee Co. Ed & Training Center**

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**Arc of Dekalb Co. Day**

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**Etowah Co. Ed. & Training Ctr.**

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**Greater Etowah MR 310- Smeltzer Ctr.**

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**Arc of Madison Co. Birdie Thornton Ctr.**

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SCOPE 310 Authority, Conner Ctr.

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**Arc of Jackson Co. Inc., The ARC Achievement Ctr.**

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lacks the proper context, and most of it is given without explanation or justification, making almost
all of it useless and meaningless.

**Tri-County Development Center**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to
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**VOASE, Inc., Hartselle Community Enrichment Ctr**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment
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Region 2

(Arc of Tuscaloosa) McGraw

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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(Community Options) Community Options

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(Northwest AL) Windows Without Walls

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(Sunrise) RFI

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the
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(The Arc of F/L/M) 2nd Time Around

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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(The Arc of F/L/M) Striving For Success

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(UCP) UCP

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(WAMHC) CAC

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(WAMHC) HAC-WAMHC

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(WAMHC) MAC

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Region 3

Cahaba Center for Mental Health #1

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the federally-funded agency tasked with protecting the rights of individuals with disabilities, especially those who live in institutional settings like these group homes. Not only that, but the public is unable to provide feedback on the settings where they themselves and their family members or loved ones receive services. As the state has not provided information that would allow stakeholders, advocacy agencies, consumers, and their families to meaningfully comment on the settings where services are provided, the comment period has been rendered little more than a formality which it appears the state has only undertaken out of obligation.

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Cahaba Center for Mental Health #2
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Cahaba Center for Mental Health #3

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Clarke County ARC (TACC)

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**Dawn House**

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**Independent Living Center**

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**Mobile Arc McCay Day Program**

Because of the lack of information provided by DMH and state Medicaid, ADAP is unable to comment on settings individually and specifically. We did make a request to the state for the relevant information, and although ADAP—as the Protection and Advocacy Agency for the State of Alabama—is entitled per CMS guidance to all of the information we requested, DMH and state Medicaid completely ignored our request for same. Whether this was a result of laziness or bad faith is unclear; however, the effect is the same—the P&A is unable to fully execute its duty as the
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Region 4

AEDS ARC of Love Day Hab

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**AEDS Azalea Training Center**

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AWE Smith Developmental Center

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Dale Co. MRB (Vivian B School)

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**DHCIDB Vaughn Blumberg Ctr.**

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EAMH

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EAMH Russell Co Day

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**EEARC Sugarberry Center**

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**MARC (Hanan)**

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MARC Burgess

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**MARC McInnis School**

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**PHP Day Hab**

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**Spectracare Purvis Ctr.**

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Region 5

Altapointe Burton Center

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East Alabama UCP

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**Glenwood -Sullivan Center**

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Rescare

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St. Clair ARC

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APPENDIX B

MINNESOTA DEPARTMENT OF HUMAN SERVICES PUBLIC COMMENTS ON HCBS RULE SETTING SPECIFIC EVIDENTIARY PACKAGES
Public comments on HCBS rule setting specific evidentiary packages

The Centers for Medicare & Medicaid Services (CMS) requires states to submit evidentiary packages for settings that CMS presumes are not home and community-based. Evidentiary packages include information gathered during on-site visits and the provider-attestation process.

The Department of Human Services is seeking public comment from 8 a.m. on Monday, December 2, 2019 through 11:59 p.m., Thursday, January 2, 2020 on evidentiary packages written for home and community-based settings across the state. See the HCBS settings heightened-scrutiny process for more information and links to the evidentiary packages.

For accessible formats of this publication, or additional equal access to human services, email dsd.responsecenter@state.mn.us, call 1-866-267-7655 or use your preferred relay service.

Directions on how to use this form

(If you have any questions, please contact HCBS.Settings@state.mn.us for help in completing this form)

· Please disable any pop-up blockers when completing this document.

· Use the PRINT button (found on the last page of the document) to print the document for your records.

A navigation toolbar at the bottom of each page will help you move forward or backwards.

· To navigate between pages, please use the BACK and NEXT buttons at the bottom of each page.

· To reset your answers on the current page, use the RESET button at the bottom of the page.
· Use the **SAVE** button to maintain information you enter and then return to the document on the same computer at a later time to continue entering information. You will see a screen that offers you the chance to enter your email address, and a link to your saved data will be sent to you.

· When you have completed the form, use the **SUBMIT** button at the bottom of the last page to submit your data to DHS.

**I. Contact Information (recommended)**

1a. First Name

1b. Last Name

1c. Email Address

**II. Commenter Information (optional)**

2. Select the category that best represents you:
   - Lead agency (county, tribe, health plan)
   - Provider
   - Provider trade association
   - Advocacy organization
   - I receive a waiver service
   - My family member receives a waiver service(s)
   - Other

**III. Setting Information (as listed on the Evidentiary Package)**

3a. Setting Name
3b. Service provided

Adult day
Customized living
Foster Care
Day training and habilitation (DTH)
Prevocational services
Structured day
Supported Living Services (SLS)

3c. Street Address

3d. City

3e. State

3f. Zip Code

Setting Specific Public Comments

Home and Community Based Setting (HCBS) Qualities

Please check the box next to only the HCBS quality you would like to comment on. You do not need to comment on all. Provide short-responses in the text boxes as applicable:

4. The setting provides opportunities for people to seek employment and work in competitive integrated settings
   □ Check here to comment on this HCBS quality

5. The setting is physically accessible to the individual.
   □ Check here to comment on this HCBS quality

6. The setting provides people opportunities to access and engage in community life.
   □ Check here to comment on this HCBS quality

7. The setting supports the person’s control of personal resources.
   □ Check here to comment on this HCBS quality

8. The setting ensures people’s right to privacy.
   □ Check here to comment on this HCBS quality

https://surveys.dhs.state.mn.us/snapwebhost/siam/surveylanding/printerviewer.asp?sid=1f946766914242bb346359bf7dfadab
9. The setting ensures people’s dignity and respect.
☐ Check here to comment on this HCBS quality

10. The setting ensures people’s freedom from coercion and restraint.
☐ Check here to comment on this HCBS quality

11. The setting optimizes individual initiative, autonomy, and independence in making life choices, including daily schedule and with whom to interact.
☐ Check here to comment on this HCBS quality

**Institutional or Isolating Characteristics**
A setting is considered institutional or isolating if it keeps people receiving HCBS away from, or segregated from, the larger community and people who do not receive HCBS. This includes having rules or procedures that limit access to the community to only certain times or only as part of a group, or restrict choice of community activities and places to visit.

Please check the box next to ONLY the characteristic you would like to comment on and describe how the setting complies with this HCBS characteristic or does not comply with this HCBS characteristic. You do not need to comment on all. Provide short-responses in the text boxes as applicable.

18. Interconnectedness between the facility and the setting in question, including administrative or financial interconnectedness, does not exist or is minimal.
☐ Check here to comment on this HCBS characteristic

19. Facility (nursing home, hospital, ICF/DD) staff are assigned occasionally or on a limited basis to support or back up the HCBS staff, the facility staff are cross-trained to meet the same qualifications as the HCBS staff
☐ Check here to comment on this HCBS characteristic

20. People receiving services in this setting do not have to rely primarily on transportation or other services provided by the facility, to the exclusion of other options
☐ Check here to comment on this HCBS characteristic

21. The setting provides HCBS services in a space that is distinct from the space that institutional services are provided.
☐ Check here to comment on this HCBS characteristic
Institutional or Isolating Characteristics
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Please check the box next to ONLY the characteristic you would like to comment on and describe how the setting complies with this HCBS characteristic or does not comply with this HCBS characteristic. You do not need to comment on all. Provide short-responses in the text boxes as applicable.

22. People receiving services in this setting share programming (meals, transportation, social/recreational activities) between collocated homes/buildings on an occasional/limited basis
☐ Check here to comment on this HCBS characteristic

23. Staff are scheduled on a limited basis (back-up) to work with people at the other collocated setting(s) on the same shift
☐ Check here to comment on this HCBS characteristic

24. People receiving services do not have to rely primarily on transportation or other services provided by the other co-located settings, to the exclusion of other options
☐ Check here to comment on this HCBS characteristic

25. People receiving services are engaged in planning community activities at an individual level; how community resources are identified, modes of accessing the community or modes of transportation, assistance provide when a person cannot access resources independently).
☐ Check here to comment on this HCBS characteristic

26. People receiving services have varied schedules, individual choice in activities and are engaged with the community.
☐ Check here to comment on this HCBS characteristic

27. People receiving services are assessed on their preferences/interests on a regular basis
☐ Check here to comment on this HCBS characteristic

https://surveys.dhs.state.mn.us/snapwebhost/siam/surveylanding/printerviewer.asp?sid=1f9467669142422bb346359bf7dfadab
Questions? Please email Hcbs.settings@state.mn.us

Please click "submit" to complete the form.

Thank you for your feedback!
APPENDIX C

OCTOBER 12, 2021 LETTER FROM ADAP TO THE ALABAMA MEDICAID AGENCY AND THE ALABAMA DEPARTMENT OF MENTAL HEALTH REQUESTING FURTHER INFORMATION ON IDENTIFIED SETTINGS
VIA ELECTRONIC MAIL

October 12, 2021

Terry L. Pezent
Associate Commissioner for Developmental Disabilities
Alabama Department of Mental Health
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Thomas B. Klinner
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Timothy A. Offord
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Montgomery, Alabama 36103-5624
timothy.offord@medicaid.alabama.gov

RE: Request for Records

Dear Associate Commissioner Pezent, Mr. Klinner, and Mr. Offord:

We are writing to request information regarding HCBS-funded residential settings reviewed for compliance with the HCBS Settings Rule as detailed in the Alabama Medicaid Agency publication dated September 30, 2021 and listed below as an attachment to this letter.

Specifically, we are requesting the following:

A. For those 300 settings (251 residential settings and 49 non-residential settings, as listed below) that have not yet overcome the presumption that they are institutional in nature due to having isolating characteristics, but which the state believes will achieve full remediation within the required timeframes, we are requesting:
1. The street address and name, if applicable, of each residential and non-residential setting identified in the list attached to this letter; and
2. The state’s justification for its determination that each setting can be remediated within the required timeframe, including but not limited to, each setting’s Provider Transition Compliance Plan (PTCP).

B. For those 741 settings (616 residential settings and 26 non-residential settings, as listed below that the state previously identified as presumptively institutional due to isolation, but which supposedly subsequently demonstrated compliance with the settings criteria by July 1, 2021, we are requesting:

1. The street address and name, if applicable, of each residential and non-residential setting; and
2. The state’s justification for its determination that each setting was successfully remediated, including, but not limited to each setting’s Provider Transition Compliance Plan (PTCP) where applicable.

C. A list of any settings that the State believes cannot overcome the presumption that the settings are institutions by the end of the transition period, and thus may not receive Medicaid funding for HCBS after the transition period.

D. To the extent that there are residential and non-residential settings throughout the state serving individuals with disabilities which did not have to undergo the same inquiry regarding their institutional qualities, we request the street address and name, if applicable, of those settings, as well.

Please be advised that, as the Protection and Advocacy (P&A) system for the State of Alabama, ADAP is entitled to the requested records pursuant to guidance from the Centers for Medicaid and Medicare Services (CMS) providing that P&As are entitled to such information in our capacity as an oversight organization. The guidance is attached to this letter for your reference.

With respect to the production of the above-referenced records, ADAP requests that the records be produced electronically. We will accept records transmitted via electronic mail, or copied onto a CD-ROM or DVD-ROM and mailed to us. Be advised that federal regulations implementing the Protection and Advocacy for Individuals with Developmental Disabilities (PADD) Act require that, where records are kept electronically, they must be provided to the P&A electronically. See 45 C.F.R. § 1326.25(d).

If you should have any questions about this request, please do not hesitate to contact me at (205) 348-4436 or via email at smonterastelli@adap.ua.edu. We will look forward to receiving the requested information by the end of business on Tuesday, October 19, 2021.
Sincerely,

Shandra N. Monterastelli
Staff Attorney

cc: James A. Tucker, Executive Director (via email)
    Nancy E. Anderson, Associate Director (via email)
    Christy S. Johnson, Investigator Supervisor (via email)
    Cole C. Adams, Law Clerk (via email)

Encls.
REGION 1 RESIDENTIAL SETTINGS CURRENTLY PRESUMED INSTITUTIONAL AND DEEMED NOT TO HAVE REMEDIATED

1. Enrestoration, Inc. #1
2. Enrestoration, Inc. #2
3. Episcopal Kyle Homes, Inc. #1
4. Episcopal Kyle Homes, Inc. #2
5. H.O.P.E. Inc. #1
6. H.O.P.E. Inc. #2
7. Haymon Homes #1
8. Haymon Homes #2
9. Haymon Homes #3
10. Integrity Homes
11. Jackson Co. Community Services #1
12. Jackson Co. Community Services #2
13. Jackson Co. Community Services #3
14. 2LifeWay Systems, Inc.
15. Montis Residential #1
16. Montis Residential #2
17. R & R Group Homes
18. The Learning Tree, Inc. #1
19. The Learning Tree, Inc. #2
20. World Advance, Inc. #1
21. World Advance, Inc. #2

REGION 2 RESIDENTIAL SETTINGS CURRENTLY PRESUMED INSTITUTIONAL AND DEEMED NOT TO HAVE REMEDIATED

1. (Arc of Walker) Brook Haven
2. (Arc of Walker) Haney
3. (Arc of Walker) The Lake
4. (Arc of Walker) Parkway
5. (Arc of Walker) South Lowell
6. (Community Options) Arkadelphia
7. (Future Living) Highpoint
8. (Indian Rivers) Kaulton #1
9. (Indian Rivers) Kaulton #2
10. (Indian Rivers) Kaulton #3
11. (Indian Rivers) Kaulton #4
12. (Indian Rivers) Loop Road
13. (Indian Rivers) Watertowers Place #1
14. (Indian Rivers) Watertowers Place #2
15. (Indian Rivers) Watertowers Place #3
16. (Indian Rivers) Watertowers Place #4
17. (Indian Rivers) Watertowers Place #5
18. (Northwest) Pine Haven
19. (Northwest) Winfrey
20. (RHOC) Sherman CRF
21. (Sunrise)39th St. CRF
22. (Sunrise) Covington Villa
23. (The Arc of F/L/M) Carver
24. (The Arc of F/L/M) Home 268
25. (The Arc of F/L/M) Ivy Brook
26. (The Arc of F/L/M) Pinewood
27. (The Arc of F/L/M) Pleasant Hill
28. (The Arc of F/L/M) Steele
29. (The Arc of F/L/M) Shadow Oaks
30. (Turner LLC) Turner II
31. (VOA) 1St Street
32. (VOA) Elliott II
33. (VOA) M & M II
34. (VOA) Windsor II
35. (Weaver) Weaver I
36. (Weaver) Weaver II

REGION 3 RESIDENTIAL SETTINGS CURRENTLY PRESUMED INSTITUTIONAL AND DEEMED NOT TO HAVE REMEDIATED

1. A & E Supported Living #1
2. A & E Supported Living #2
3. Arc of Baldwin County (ARCBC) - Cindy Haber Center
4. Dawn House
5. Donald Hammond-VOA #1
6. Donald Hammond-VOA #2
7. Donald Hammond-VOA #3
8. Donald Hammond-VOA #4
9. Eva Reed-VOA #1
10. Eva Reed-VOA #2
11. Eva Reed-VOA #3
12. Graham's House of Hope #1
13. Graham's House of Hope #2
14. Horizon
15. J LW Res
16. L'Arche #1
17. L'Arche #2
18. L'Arche #3
19. Life Care Services LLC
20. Linda Lopez-Hernandez Home - Nobles
21. Linda Lopez-Hernandez Home - Nobles
22. Louise Davis
23. Nobles Res #1
24. Nobles Res #2
25. Nobles Res #3
26. Nobles Res #4
27. Nobles Res #5
28. Nobles Res #6
29. Nobles Res #7
30. Prestige #1
31. Prestige #2
32. Prestige #3
33. Prestige #4
34. Prestige #5
35. Robinson Res
36. Scott Res #1
37. Scott Res #2
38. Scott Res #3
39. Scott Res #4
40. Scott Res #5
41. Scott Res #6
42. Tajuacha -VOA #1
43. Tajuacha-VOA #2
44. Tajuacha-VOA #3
45. Tajuacha-VOA #4
46. Tajuacha-VOA #5

REGION 4 RESIDENTIAL SETTINGS CURRENTLY PRESUMED INSTITUTIONAL AND DEEMED NOT TO HAVE REMEDIATED

1. AEDS #1
2. AEDS #2
3. AEDS #3
4. AEDS #4
5. AEDS #5
6. AEDS #6
7. AEDS #7
8. AEDS #8
9. AEDS #9
10. AEDS #10
11. AEDS #11
12. AWE #1
13. AWE #2
14. AWE #3
15. AWE #4
16. DHCIDB #1
17. DHCIDB #2
18. DHCIDB #3
19. DHCIDB #4
20. DHCIDB #5
21. DHCIDB #6
22. EAMH #1
23. EAMH #2
24. EAMH #3
25. EAMH #4
26. EAMH #5
27. EAMH #6
28. EAMH #7
29. EAMH #8
30. EAMH #9
31. EAMH #10
32. EAMH #11
33. EAMH #12
34. ECMH #1
35. ECMH #2
36. ECMH #3
37. EEARC #1
38. EEARC #2
39. EEARC #3
40. EEARC #4
41. HCCG
42. HELP
43. HGH
44. HGH/Oui Care
45. HRDI #1
46. HRDI #2
47. HRDI #3
48. HRDI #4
49. HRDI #5
50. HRDI #6
51. HRDI #7
52. HRDI #8
53. HRDI #9
54. HRDI #10
55. HRDI #11
56. HRDI #12
57. HRDI #13
58. Mag Wood #1
59. Mag Wood #2
60. Mag Wood #3
61. Mag Wood #4
62. Mag Wood #5
63. Mag Wood #6
64. Mag Wood #7
65. Mag Wood #8
66. Mag Wood #9
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69. Mag Wood #12
70. Mag Wood #13
71. Mag Wood #14
72. Mag Wood #15
73. Mag Wood #16
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79. Mag Wood #22
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81. Mag Wood #24
82. Mag Wood #25
83. Mag Wood #26
84. Mag Wood #27
85. MARC #1
86. MARC #2
87. MARC #3
88. MARC #4
89. MARC #5
90. MARC #6
91. MARC #7
92. PHP #1
93. PHP #2
94. PHP #3
95. PHP #4
96. PHP #5
97. PHP #6
98. PHP #7
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105. PHP #14
106. PHP #15
107. PHP #16
108. PHP #17
109. PHP #18
110. PHP #19
111. PHP #20
112. PHP #21
113. PHP #22
114. Quality South #1
115. Quality South #2
116. Quality South #3
117. Quality South #4
118. Quality South #5
119. TLT #1
120. TLT #2
121. TLT #3
122. TLT #4

REGION 5 RESIDENTIAL SETTINGS CURRENTLY PRESUMED INSTITUTIONAL AND DEEMED NOT TO HAVE REMEDIATED

1. ARC of Central AL
2. Bridget's Home
3. Learning Tree #1
4. Learning Tree #2
5. Learning Tree #3
6. Learning Tree #4
7. Learning Tree #5
8. Learning Tree #6
9. Learning Tree #7
10. Learning Tree #8
11. PHP #1
12. PHP #2
13. PHP #3
14. PHP #4
15. PHP #5
16. PHP #6
17. PHP #7
18. PHP #8
19. PHP #9
20. PHP #10
21. PHP #11
22. PHP #12
23. PHP #13
24. PHP #14
25. PHP #15
26. VOA

REGION 1 RESIDENTIAL SETTINGS DEEMED TO HAVE REMEDIATED PRIOR TO JULY 2021

1. A & K Heavenly Homes
2. Ability Plus #1
3. Ability Plus #2
4. Ability Plus #3
5. Ability Plus #4
6. Ability Plus #5
7. Ability Plus #6
8. Ability Plus #7
9. Ability Plus #8
10. Ability Plus #9
11. Ability Plus #10
12. Ability Plus #11
13. Ability Plus #12
14. Ability Plus #13
15. AFB Diversified, New Beginnings #1
16. AFB Diversified, New Beginnings #2
17. AFB Diversified, New Beginnings #3
18. AFB Diversified, New Beginnings #4
19. AFB Diversified, New Beginnings #5
20. Altus Residential - Sterling Co. #1
21. Altus Residential - Sterling Co. #2
22. ARC of Dekalb Co. #1
23. ARC of Dekalb Co. #2
24. ARC of Dekalb Co. #3
25. ARC of Dekalb Co. #4
26. ARC of Dekalb Co. #5
27. ARC of Dekalb Co. #6
28. AS & C Homes, Inc. #1
29. AS & C Homes, Inc. #2
30. AS & C Homes, Inc. #3
31. Benefield Homes
32. Brook Haven Homes, Inc.
33. CCCDD, Inc. #1
34. CCCDD, Inc. #2
35. CCCDD, Inc. #3
36. CCCDD, Inc. #4
37. CCCDD, Inc. #5
38. CCCDD, Inc. #6
39. CCCDD, Inc. #7
40. CCCDD, Inc. #8
41. CDDNCA, Inc. #1
42. CDDNCA, Inc. #2
43. CDDNCA, Inc. #3
44. CDDNCA, Inc. #4
45. CDDNCA, Inc. #5
46. CDDNCA, Inc. #6
47. CDDNCA, Inc. #7
48. CDDNCA, Inc. #8
49. CDDNCA, Inc. #9
50. CDDNCA, Inc. #10
51. CDDNCA, Inc. #11
52. CDDNCA, Inc. #12
53. CDDNCA, Inc. #13
54. CDDNCA, Inc. #14
55. CDDNCA, Inc. #15
56. CDDNCA, Inc. #16
57. CDDNCA, Inc. #17
58. CDDNCA, Inc. #18
59. CDDNCA, Inc. #19
60. CDDNCA, Inc. #20
61. CDDNCA, Inc. #21
62. Enrestoration, Inc.
63. Enrestoration, Inc. #1
64. Enrestoration, Inc. #2
65. Enrestoration, Inc. #3
66. Enrestoration, Inc. #4
153. Pinnacle Residential - Sterling Co. Inc. #4
154. Pinnacle Residential - Sterling Co. Inc. #5
155. R & R Enterprises LLC #1
156. R & R Enterprises LLC #2
157. R & R Enterprises LLC #3
158. R & R Group Homes #1
159. R & R Group Homes #2
160. R & R Group Homes #3
161. R & R Group Homes #4
162. R & R Group Homes #5
163. R & R Group Homes #6
164. Renaissance House, LLC - Sterling Co. #1
165. Renaissance House, LLC - Sterling Co. #2
166. Renaissance House, LLC - Sterling Co. #3
167. Roseland Developmental Homes, LLC
168. SCOPE 310 Authority #1
169. SCOPE 310 Authority #2
170. SCOPE 310 Authority #3
171. SCOPE 310 Authority #4
172. SCOPE 310 Authority #5
173. SCOPE 310 Authority #6
174. SCOPE 310 Authority #7
175. SCOPE 310 Authority #8
176. SCOPE 310 Authority #9
177. SCOPE 310 Authority #10
178. SCOPE 310 Authority #11
179. SCOPE 310 Authority #12
180. SCOPE 310 Authority #13
181. SCOPE 310 Authority #14
182. SCOPE 310 Authority #15
183. Shepherd's Heart, LLC #1
184. Shepherd's Heart, LLC #2
185. Shepherd's Heart, LLC #3
186. Shepherd's Heart, LLC #4
187. Shepherd's Heart, LLC #5
188. Sunlight Home, LLC #1
189. Sunlight Home, LLC #2
190. Sunlight Home, LLC #3
191. Sunshine Residential Homes
192. T & N Home
193. The ARC of Madison Co. Inc. #1
194. The ARC of Madison Co. Inc. #2
195. The ARC of Madison Co. Inc. #3
196. The ARC of Madison Co. Inc. #4
197. The ARC of Madison Co. Inc. #5
198. The ARC of Madison Co. Inc. #6
199. The ARC of the Shoals #1
200. The ARC of the Shoals #2
201. The ARC of the Shoals #3
202. The ARC of the Shoals #4
203. The ARC of the Shoals #5
204. The ARC of the Shoals #6
205. The ARC of the Shoals #7
206. The ARC of the Shoals #8
207. The ARC of the Shoals #9
208. The ARC of the Shoals #10
209. The ARC of the Shoals #11
210. The ARC of the Shoals #12
211. The ARC of the Shoals #13
212. The ARC of the Shoals #14
213. The Learning Tree, Inc.
214. TLC Estates #1
215. TLC Estates #2
216. Tri-County Group Homes, Inc. #1
217. Tri-County Group Homes, Inc. #2
218. Tri-County Group Homes, Inc. #3
219. Tri-County Group Homes, Inc. #4
220. Tri-County Group Homes, Inc. #5
221. TSR Group Home #1
222. TSR Group Home #2
223. TSR Group Home #3
224. United Community Home Care
225. Village Home Care., Inc. #1
226. Village Home Care., Inc. #2
227. Village Home Care., Inc. #3
228. Village Home Care., Inc. #4
229. Village Home Care., Inc. #5
230. Village Home Care., Inc. #6
231. Village Home Care., Inc. #7
232. Village Home Care., Inc. #8
233. VOASE, Inc. #1
234. VOASE, Inc. #2
235. VOASE, Inc. #3
236. VOASE, Inc. #4
237. VOASE, Inc. #5
238. VOASE, Inc. #6
239. VOASE, Inc. #7
REGION 2 RESIDENTIAL SETTINGS DEEMED TO HAVE REMEDIATED PRIOR TO JULY 2021

1. (Arc of Walker) Duplex A. 34. (Future Living) II
2. (Arc of Walker) Farmstead 35. (Future Living) Woodland Park
3. (Arc of Walker) Green Acres 36. (Genesis), Genesis I
4. (Arc of Walker) Hideaway 37. (Genesis), Genesis II
5. (Arc of Walker) Laurel Lane 38. (Hill's) Hill's
6. (Arc of Walker) Salem 39. (Indian Rivers) 902-34th Ave. CRF
7. (Arc of Walker) The Forest 40. (Indian Rivers) Alexander Lane
8. (Arc of Walker) The Meadows 41. (Indian Rivers) Jemison
9. (Arc of Walker) The Ridge 42. (Indian Rivers) Philadelphia Project
10. (Arc of Walker), Oak Rain 43. (James River) Forrest Trail
11. (Arc of Walker) Stonecreek 44. (James River) North Brook
12. (Arc of Walker) The Cottage 45. (Johnson) Johnson
13. (Community Options) 4th Ave. CRF 46. (Kaene LLC) Kaene
14. (Community Options) Clearview 47. (King) King #4,
15. (Community Options) Copeland 48. (King)
16. (Community Options) Dill CRF 49. (King) King-Holley Apt. A
17. (Community Options) Hill House 50. (King) King-Holley Apt. B
18. (Community Options) Street CRF 51. (Little) Little
19. (Davis LLC) Davis 52. (Modern Day)
20. (Daycrest) Crabtree 53. (New Life) MKW I
21. (Daycrest) Daycrest 54. (New Life) MKW III
22. (Daycrest) Magnificent Care 55. (New Life) Washington 6
23. (Daycrest) Shadesbrook 56. (New Life) Washinton 5
24. (Debrick) Better Living 57. (New Life) Washington II
25. (Debrick) Ocean Community CRF 58. (Northwest) Adolescent
26. (Debrick) Ocean Community II 59. (Northwest) Avalon
27. (Debrick) Ocean Community III 60. (Northwest) Destiny
28. (Debrick) Ocean Community V 61. (Northwest) Gensis House
29. (Debrick) Ocean Community VI 62. (Northwest) Ivy Glen
30. (Debrick) Ocean Community VII 63. (Northwest) Lakewood Apts.
31. (Debrick) Ocean IV 64. (Northwest) Lakewood CRF
32. (Future Living) Abundant Rain 65. (Northwest) Magnolia
33. (Future Living) I 66. (Northwest) Navulu
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<thead>
<tr>
<th>Region</th>
<th>Setting</th>
<th>Address</th>
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<tbody>
<tr>
<td>67.</td>
<td>(Northwest) R &amp; C</td>
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<tr>
<td>68.</td>
<td>(Northwest) Willowbee</td>
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<tr>
<td>69.</td>
<td>(Pickens) Pickens</td>
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<td>70.</td>
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<tr>
<td>71.</td>
<td>(RHOC) 946 22nd Ave CRF.</td>
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<td>72.</td>
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<td>73.</td>
<td>(Sunrise) 30th Ave</td>
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<td>74.</td>
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<td>(Sunrise) Heatherwood Gardens</td>
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<td>82.</td>
<td>(The Arc of F/L/M) Grayson</td>
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<td>(The Arc of F/L/M) Home 318</td>
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<td>(The Arc of F/L/M) Phillip Grove</td>
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<td>91.</td>
<td>(The Arc of F/L/M) Piney Grove</td>
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<td>94.</td>
<td>(The Arc of F/L/M), Home 927</td>
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<td>(Turner LLC) Turner I</td>
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<td>118.</td>
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<td>119.</td>
<td>(VOA) Locust Lane</td>
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<td>127.</td>
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<tr>
<td>128.</td>
<td>(VOA) Wrigley Way</td>
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**REGION 3 RESIDENTIAL SETTINGS DEEMED TO HAVE REMEDIATED PRIOR TO JULY 2021**

1. Arc of Baldwin County (ARCBC) - Cindy Haber Center #1
2. Arc of Baldwin County (ARCBC) - Cindy Haber Center #2
3. Arc of Baldwin County (ARCBC) - Cindy Haber Center #3
4. Arc of Baldwin County (ARCBC) - Cindy Haber Center #4
5. Arc of Baldwin County (ARCBC) - Cindy Haber Center #5
6. Arc of Baldwin County (ARCBC) - Cindy Haber Center #6
7. Arc of Baldwin County (ARCBC) - Cindy Haber Center #7
8. Cahaba Center for Mental Health #1
9. Cahaba Center for Mental Health #2
10. Cahaba Center for Mental Health #3
11. Cahaba Center Hilltop Apartments
12. Clarke County ARC (TACC)
13. Dawn House
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>15. Hill Res #1</td>
<td>49. Parker Adult Foster Homes Res</td>
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<td>18. Hill Res #4</td>
<td>52. Scott Res #1</td>
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<tr>
<td>19. Hope Ahead #1</td>
<td>53. Scott Res #2</td>
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<tr>
<td>20. Hope Ahead #2</td>
<td>54. Scott Res #3</td>
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<tr>
<td>21. Hope Humanity House #1</td>
<td>55. Scott Res #4</td>
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<td>22. Hope Humanity House #2</td>
<td>56. Scott Res #5</td>
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<td>23. Jireh-VOA</td>
<td>57. Scott Res #6</td>
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<tr>
<td>24. JLW Res #1</td>
<td>58. Scott Res #7</td>
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<tr>
<td>25. JLW Res #2</td>
<td>59. Scott Res #8</td>
</tr>
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<td>26. L'Arche #1</td>
<td>60. The Arc of Southwest Alabama</td>
</tr>
<tr>
<td>27. L'Arche #2</td>
<td>61. The Learning Tree #1</td>
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<td>28. L'Arche #3</td>
<td>62. The Learning Tree #2</td>
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<td>29. Lifetime Healthcare</td>
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</tr>
<tr>
<td>30. Meadow's Place</td>
<td>64. The Learning Tree #4</td>
</tr>
<tr>
<td>31. Melonie Thompson Res-VOA #1</td>
<td>65. The Learning Tree #5</td>
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<tr>
<td>32. Melonie Thompson Res-VOA #2</td>
<td>66. The Learning Tree #6</td>
</tr>
<tr>
<td>33. Melonie Thompson Res-VOA #3</td>
<td>67. The Learning Tree #7</td>
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<tr>
<td>34. Melonie Thompson Res-VOA #4</td>
<td>68. The Learning Tree #8</td>
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<tr>
<td>35. Mobile Arc #1</td>
<td>69. The Learning Tree #9</td>
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<tr>
<td>36. Mobile Arc #2</td>
<td>70. Volunteers of America (VOA) #1</td>
</tr>
<tr>
<td>37. Mobile Arc #3</td>
<td>71. Volunteers of America (VOA) #2</td>
</tr>
<tr>
<td>38. Mobile Arc #4</td>
<td>72. Volunteers of America (VOA) #3</td>
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<tr>
<td>39. Mobile Arc #5</td>
<td>73. Volunteers of America (VOA) #4</td>
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<td>40. Mobile Arc #6</td>
<td>74. Volunteers of America (VOA) #5</td>
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<td>41. Mobile Arc #7</td>
<td>75. Volunteers of America (VOA) #6</td>
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<td>42. Mobile ARC #8</td>
<td>76. Volunteers of America (VOA) #7</td>
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<tr>
<td>43. Nobles Res #1</td>
<td>77. Volunteers of America (VOA) #8</td>
</tr>
<tr>
<td>44. Nobles Res #2</td>
<td>78. Volunteers of America (VOA) #9</td>
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<tr>
<td>45. Nobles Res #3</td>
<td>79. Volunteers of America (VOA) #10</td>
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<tr>
<td>46. Northview Health Systems #1</td>
<td>80. Volunteers of America (VOA) #11</td>
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<tr>
<td>47. Northview Health Systems #2</td>
<td>81. Volunteers of America (VOA) #12</td>
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**REGION 4 RESIDENTIAL SETTINGS DEEMED TO HAVE REMEDIATED PRIOR TO JULY 2021**

<table>
<thead>
<tr>
<th>1. VOA #1</th>
<th>6. VOA #6</th>
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<tbody>
<tr>
<td>2. VOA #2</td>
<td>7. VOA #7</td>
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<tr>
<td>3. VOA #3</td>
<td>8. VOA #8</td>
</tr>
<tr>
<td>4. VOA #4</td>
<td>9. VOA #9</td>
</tr>
<tr>
<td>5. VOA #5</td>
<td>10. VOA #10</td>
</tr>
</tbody>
</table>
### REGION 5 RESIDENTIAL SETTINGS DEEMED TO HAVE REMEDIATED PRIOR TO JULY 2021

1. Altapointe #1  
2. Altapointe #2  
3. Altapointe #3  
4. ARC of Central AL #1  
5. ARC of Central AL #2  
6. ARC of Central AL #3  
7. ARC of Central AL #4  
8. ARC of Central AL #5  
9. ARC of Central AL #6  
10. ARC of Central AL #7  
11. ARC of Central AL #8  
12. ARC of Central AL #9  
13. ARC of Central AL #10  
14. ARC of Central AL #11  
15. ARC of Central AL #12  
16. ARC of Central AL #13  
17. ARC of Central AL #14  
18. ARC of Central AL #15  
19. ARC of Central AL #16  
20. ARC of Central AL #17  
21. ARC of Central AL #18  
22. ARC of Central AL #19  
23. ARC of Central AL #20  
24. ARC of Central AL #21  
25. ARC of Central AL #22  
26. ARC of Central AL #23  
27. ARC of Central AL #24  
28. ARC of Central AL #25  
29. ARC of Central AL #26  
30. ARC of Central AL #27  
31. ARC of Central AL #28  
32. ARC of Central AL #29  
33. ARC of Central AL #30  
34. ARC of Central AL #31  
35. ARC of Central AL #32  
36. ARC of Central AL #33  
37. ARC of Central AL #34  
38. ARC of Central AL #35  
39. ARC of Central AL #36  
40. ARC of Central AL #37  
41. ARC of Central AL #38  
42. ARC of Central AL #39  
43. ARC of Central AL #40  
44. ARC of Central AL #41  
45. ARC of Central AL #42  
46. ARC of Central AL #43  
47. ARC of Central AL #44  
48. ARC of Central AL #45  
49. ARC of Central AL #46  
50. ARC of Central AL #47  
51. ARC of Central AL #48  
52. ARC of Central AL #49  
53. ARC of Central AL #50  
54. ARC of Central AL #51  
55. ARC of Jefferson (Blount) #1  
56. ARC of Jefferson (Blount) #2  
57. ARC of Jefferson (Blount) #3  
58. ARC of Jefferson (Blount) #4  
59. ARC of Jefferson (Blount) #5  
60. ARC of Jefferson (Blount) #6  
61. ARC of Jefferson (Blount) #7  
62. ARC of Jefferson (Blount) #8  
63. ARC of Jefferson (Blount) #9  
64. ARC of Jefferson (Blount) #10  
65. ARC of Jefferson (Blount) #11  
66. ARC of Jefferson (Blount) #12  
67. ARC of Jefferson (Blount) #13  
68. ARC of Jefferson (Blount) #14
69. ARC of Jefferson (Blount) #15
70. ARC of Jefferson (Blount) #16
71. ARC of Jefferson (Blount) #17
72. ARC of St. Clair
73. Chilton-Shelby #1
74. Chilton-Shelby #2
75. Chilton-Shelby #3
76. Chilton-Shelby #4
77. Glenwood #1
78. Glenwood #2
79. Glenwood #3
80. Glenwood #4
81. Glenwood #5
82. Glenwood #6
83. Glenwood #7
84. Glenwood #8
85. Glenwood #9
86. Glenwood #10
87. Highland Health #1
88. Highland Health #2
89. Highland Health #3
90. Highland Health #4
91. Highland Health #5
92. Highland Health #6
93. PHP #1
94. PHP #2
95. PHP #3
96. PHP #4
97. PHP #5
98. PHP #6
99. Rainbow Omega #1

100. Rainbow Omega #2
101. Rainbow Omega #3
102. Rainbow Omega #4
103. Rainbow Omega #5
104. Rainbow Omega #6
105. Rescare #1
106. Rescare #2
107. Rescare #3
108. Rescare #4
109. Rescare #5
110. Rescare #6
111. Rescare #7
112. Rescare #8
113. Rescare #9
114. Rescare #10
115. Talladega (Enrestoration)
116. VOA #1
117. VOA #2
118. VOA #3
119. VOA #4
120. VOA #5
121. VOA #6
122. VOA #7
123. VOA #8
124. VOA #9
125. VOA #10
126. VOA #11
127. VOA #12
128. VOA #13
129. VOA #14

**REGION 1 NON-RESIDENTIAL SETTINGS CURRENTLY PRESUMED INSTITUTIONAL AND DEEMED NOT TO HAVE REMEDIATED**

1. ARC of Marshall County
2. Cherokee Co. Ed & Training Center
3. Arc of Dekalb Co. Day
4. Etowah Co. Ed. & Training Ctr.
5. Greater Etowah MR 310- Smeltzer Ctr.
7. SCOPE 310 Authority, Conner Ctr.
8. Arc of Jackson Co. Inc., The ARC Achievement Ctr.
9. Tri-County Development Center
10. VOASE, Inc., Hartselle Community Enrichment Ctr.

**REGION 2 NON-RESIDENTIAL SETTINGS CURRENTLY PRESUMED INSTITUTIONAL AND DEEMED NOT TO HAVE REMEDIATED**

1. (Arc of Tuscaloosa) McGraw
2. (Community Options) Community Options
3. (Eagles Wing) Eagles Wing
4. (Northwest AL) Windows Without Walls
5. (Sunrise) RFI
6. (The Arc of F/L/M) 2nd Time Around
7. (The Arc of F/L/M) Striving For Success
8. (UCP) UCP
9. (WAMHC) CAC
10. (WAMHC) HAC-WAMHC
11. (WAMHC) MAC

**REGION 3 NON-RESIDENTIAL SETTINGS CURRENTLY PRESUMED INSTITUTIONAL AND DEEMED NOT TO HAVE REMEDIATED**

1. Cahaba Center for Mental Health #1
2. Cahaba Center for Mental Health #2
3. Cahaba Center for Mental Health #3
4. Clarke County ARC (TACC)
5. Dawn House
6. Independent Living Center
7. Mobile Arc McCay Day Program

**REGION 4 NON-RESIDENTIAL SETTINGS CURRENTLY PRESUMED INSTITUTIONAL AND DEEMED NOT TO HAVE REMEDIATED**

1. AEDS ARC of Love Day Hab
2. AEDS Azalea Training Center
3. AWE Smith Developmental Center
4. Dale Co. MRB (Vivian B School)
5. DHCIDB Vaughn Blumberg Ctr.
6. EAMH
7. EAMH Russell Co Day
8. EEARC Sugarberry Center
9. MARC (Hanan)
10. MARC Burgess
11. MARC McInnis School
12. PHP Day Hab
13. Spectracare Purvis Ctr.

**REGION 5 NON-RESIDENTIAL SETTINGS CURRENTLY PRESUMED INSTITUTIONAL AND DEEMED NOT TO HAVE REMEDIATED**

1. Altapointe Burton Center
2. East Alabama UCP
3. Glenwood -Sullivan Center
4. McKinney Center
5. PHP
6. Rainbow Omega
7. Rescare
8. St. Clair ARC

**REGION 1 NON-RESIDENTIAL SETTINGS DEEMED TO HAVE REMEDIATED PRIOR TO JULY 2021**

1. CDDNCA, Inc. #1
2. CDDNCA, Inc. #2
4. Arc of Madison Co., Inc. #1
5. Arc of Madison Co., Inc. #2
6. Arc of Madison Co. Inc. #3
7. Arc of the Shoals
REGION 2 NON-RESIDENTIAL SETTINGS DEEMED TO HAVE REMEDIATED PRIOR TO JULY 2021

1. (Arc of Walker) Arc of Walker
2. (Northwest) Windows Unlimited

REGION 3 NON-RESIDENTIAL SETTINGS DEEMED TO HAVE REMEDIATED PRIOR TO JULY 2021

1. Clarke County ARC (TACC)
2. Mobile Arc Day Program - (Moore Learning Center) (now AltaPointe)
3. The Arc of Southwest Alabama, Chatom Day Program

REGION 4 NON-RESIDENTIAL SETTINGS DEEMED TO HAVE REMEDIATED PRIOR TO JULY 2021

1. Chattahoochee Valley Haven School

REGION 5 NON-RESIDENTIAL SETTINGS DEEMED TO HAVE REMEDIATED PRIOR TO JULY 2021

1. Action Industries
2. ARC Blount Co
3. ARC of Central AL Annex
4. ARC of Central AL North
5. ARC Tom Leonard
6. Arc-Way 228
7. Calhoun Co - Duke
8. Cleveland Workshop-Blount
9. Crestwood ARC
10. Glenwood-McCloud Center
11. Highland Health Fruithurst
12. Randolph Co. Learning Center
13. United Ability

NURSING FACILITY LOC ADULT DAY HEALTH SETTINGS CURRENTLY PRESUMED INSTITUTIONAL AND DEEMED NOT TO HAVE REMEDIATED

1. Eastside Adult Day Care Center (Montgomery Co.)
2. Braxton Senior Care (Marengo Co.)
3. Tri-County Adult Health Care (Butler Co.)
4. Wiregrass Adult Care 1 (Coffee Co.)
5. Wiregrass Adult Care 2 (Houston Co.)