

# A New Vision: ADMH-Division of Developmental Disabilities Home and Community Based Waiver Services

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# Three significant events

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1990 - Americans with Disabilities Act

1999 - Olmstead, or Olmstead v LC

2014 - Home & Community Based Setting Rule



In signing the law, President George H.W. Bush declared that the ADA “takes a sledgehammer to [a] wall . . . which has for too many generations separated Americans with disabilities from the freedom they could glimpse, but not grasp.”

## The Americans with Disabilities Act –

The ADA was passed in 1990 and signed into law by President George H.W. Bush that same year. At the outset of the ADA, Congress made a number of historical findings. This included recognition of the history of institutionalization in the United States. Congress stated, “historically, society has tended to isolate and segregate individuals with disabilities, and, despite some improvements, such forms of discrimination against individuals with disabilities continue to be a serious and pervasive social problem.”

42 U.S.C. Section 12101(a)(2). Title II of the ADA prohibits public entities, including state and local governments, from discriminating against “qualified individuals with disabilities” by excluding them from services and activities due to their disability. As part of the ADA, federal regulations were created to enforce the Act. **One of the regulations created by the United States Justice Department was called the “integration mandate.” The integration mandate requires public entities to “administer services, programs, and activities in the most integrated setting appropriate to the needs of the qualified individuals with disabilities.”**



Pictured are Sue Jamieson, the attorney who filed a lawsuit on behalf of Lois Curtis (and then later added Elaine) for supports to be provided in the community.

Both ladies with mental health conditions and intellectual disabilities who found themselves going in and out of the state's mental health hospitals in Georgia. They would go home, but begin to struggle without having help at home and then would find themselves back in the state institution.

They asked the state for help in the community to keep from having to go to the hospital. Their doctors even agreed they were capable of living in the community. It took years for their community-based supports to be set up.

## Olmstead –

Or Olmstead v. LC, is the name of the most important civil rights decision for people with disabilities in our country's history. This 1999 United States Supreme Court decision was based on the Americans with Disabilities Act. **The Supreme Court held that people with disabilities have a qualified right to receive state funded supports and services in the community rather than institutions** when the following three-part test is met:

- 1.the person's treatment professionals determine that community supports are appropriate;
- 2.the person does not object to living in the community; and
- 3.the provision of services in the community would be a reasonable accommodation when balanced with other similarly situated individuals with disabilities.

# 2014 Home & Community Based Settings Rule

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The final Home and Community-Based Services (HCBS) regulations set forth new requirements for several Medicaid authorities under which states may provide home and community-based long-term services and supports. **The regulations enhance the quality of HCBS and provide additional protections to individuals that receive services under these Medicaid authorities.**

**The rule creates a more outcome-oriented definition of home** and community-based settings, rather than one based solely on a setting's location, geography, or physical characteristics. **The regulatory changes will maximize the opportunities for HCBS program participants to have access to the benefits of community living and to receive services in the most integrated setting** and will effectuate the law's intention for Medicaid home and community-based services to provide alternatives to services provided in institutions. For more detail, please refer to the HCBS Settings fact sheet at <http://www.medicaid.gov/HCBS>.

In this final rule, CMS specifies **that service planning for participants in Medicaid HCBS programs** under section 1915(c) and 1915(i) of the Act **must be developed through a person-centered planning process that addresses health and long-term services and support needs in a manner that reflects individual preferences and goals.** The rules require that the person-centered planning process is directed by the individual with long-term support needs, and may include a representative whom the individual has freely chosen and others chosen by the individual to contribute to the process. The rule describes the minimum requirements for person-centered plans developed through this process, including that the process results in a person-centered plan with individually identified goals and preferences. This planning process, and the resulting person-centered service plan, will assist the individual in achieving personally defined outcomes in the most integrated community setting, ensure delivery of services in a manner that reflects personal preferences and choices, and contribute to the assurance of health and welfare. CMS will provide future guidance regarding the process for operationalizing person-centered planning in order for states to bring their programs into compliance.

# Alabama's need for change

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- In 2011, Alabama closed the doors to its last institution (1 of 5), transitioning individuals from the institution into 'group homes' in the community.
- Although this was a significant accomplishment, our journey has been similar to the history of flight – in the space of one career, we've gone from building a plane at Kitty Hawk to the space race, landing a man on the moon!!
- There is still work to be accomplished as we transition to TRUE community integration and inclusion!  
Two examples
  - Barriers to systems change include approximately 78% of funding being used for Residential services
  - The system being designed as 'reactive' rather than responsive – a Wait List focused on criticality of needs rather supports and intervention
- Early 2019, the Division facilitated two rounds of stakeholder engagement meetings to learn from families about what they needed to “Keep families together”, “Promote Employment and Productivity”, “Reach those in Need”
- We also learned what barriers kept providers from achieving the same

# Community Waiver Program (CWP)

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# Community Waiver Program

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The Division of Developmental Disabilities of the Alabama Department of Mental Health (ADMH) along with the Alabama Medicaid Agency have created the new “Community Waiver Program.”

The Program will bring services to Alabamians with intellectual disabilities and their families who:

- Are not in crisis but want and need services to avoid crisis
- It will support individuals to reach their fullest potential



# What the community asked for ...

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- Reduce and eliminate the current waiting list
- Give greater consideration to how long people have been waiting for services
- Focus on keeping families together and supported living for individuals without family
- Focus on preventing crisis, not waiting for crisis before offering people services
- Support the abilities that individuals with intellectual disabilities have to contribute to their community and do more for themselves
- Opportunities for employment that better ensures people have enough money to live on

# What the community asked for ...

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- ❑ Bring services to people with intellectual disabilities and their families – services that can provide the help they need when and where they need it
- ❑ Provide increased opportunities for people to self-direct their services so they can choose and hire their own staff
- ❑ Make sure providers who participate will be successful and make sure people get quality services
- ❑ Improve case management by ensuring case managers know more and have more time to spend with people
- ❑ Don't disrupt the existing Living at Home (LAH) and Intellectual Disabilities (ID) waivers – keep things the same for individuals already enrolled in these waivers

# What makes this waiver different?

It seeks to have services delivered in the home

It strongly supports independent living

It emphasizes community integration

Individuals may hire their own staff for certain services (self-directed)

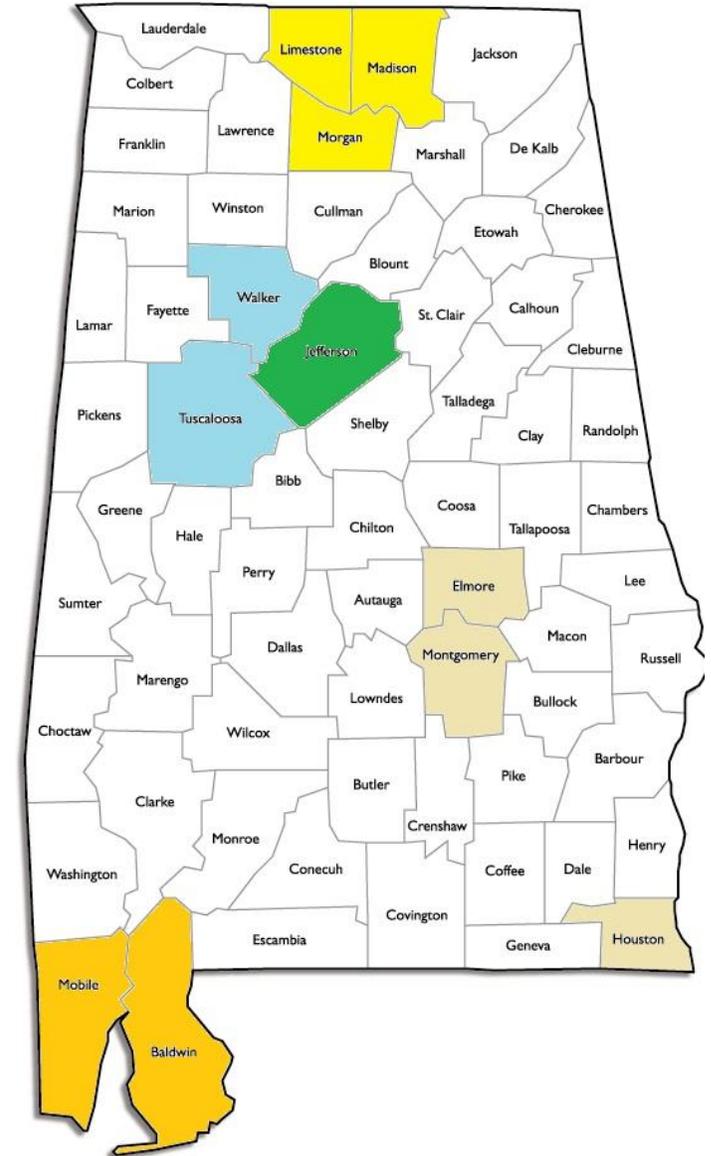
It seeks to provide services before an individual is in crisis

Increased employment services



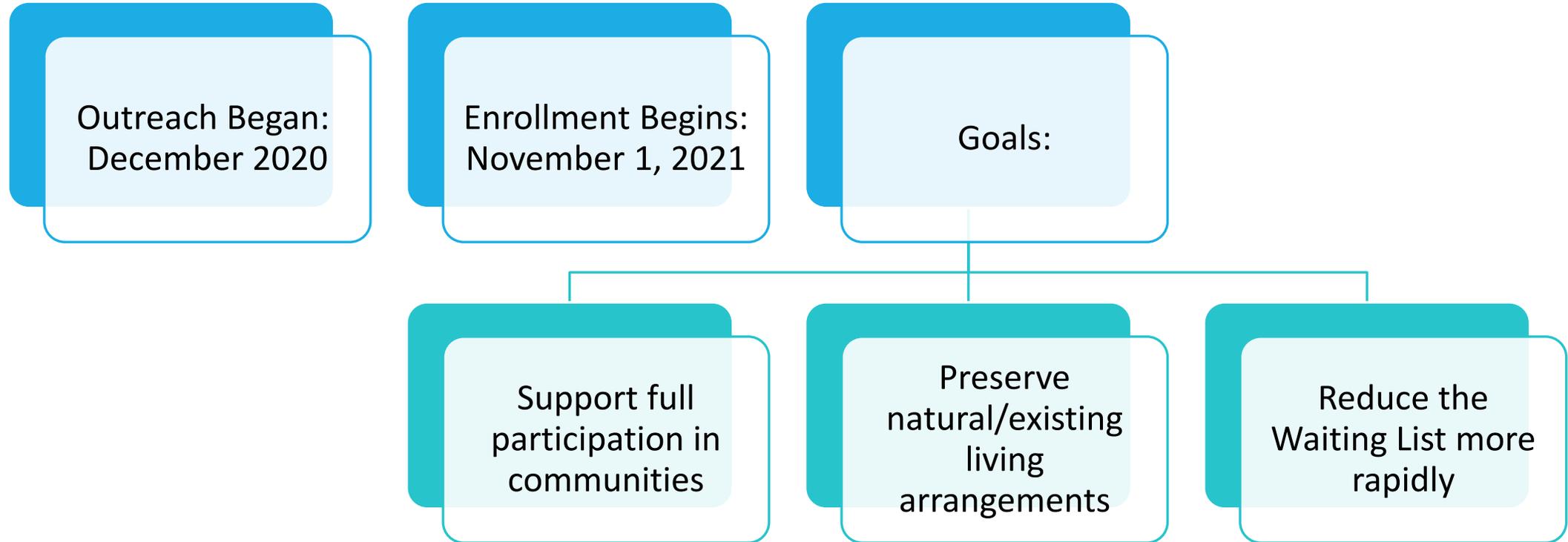
# CWP Pilot Areas Specified Counties in Each Region

- Region I – Limestone, Morgan, Madison
- Region II – Tuscaloosa, Walker
- Region III – Mobile, Baldwin
- Region IV – Montgomery, Houston, Elmore
- Region V - Jefferson



# CWP Overview

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# CWP Overview

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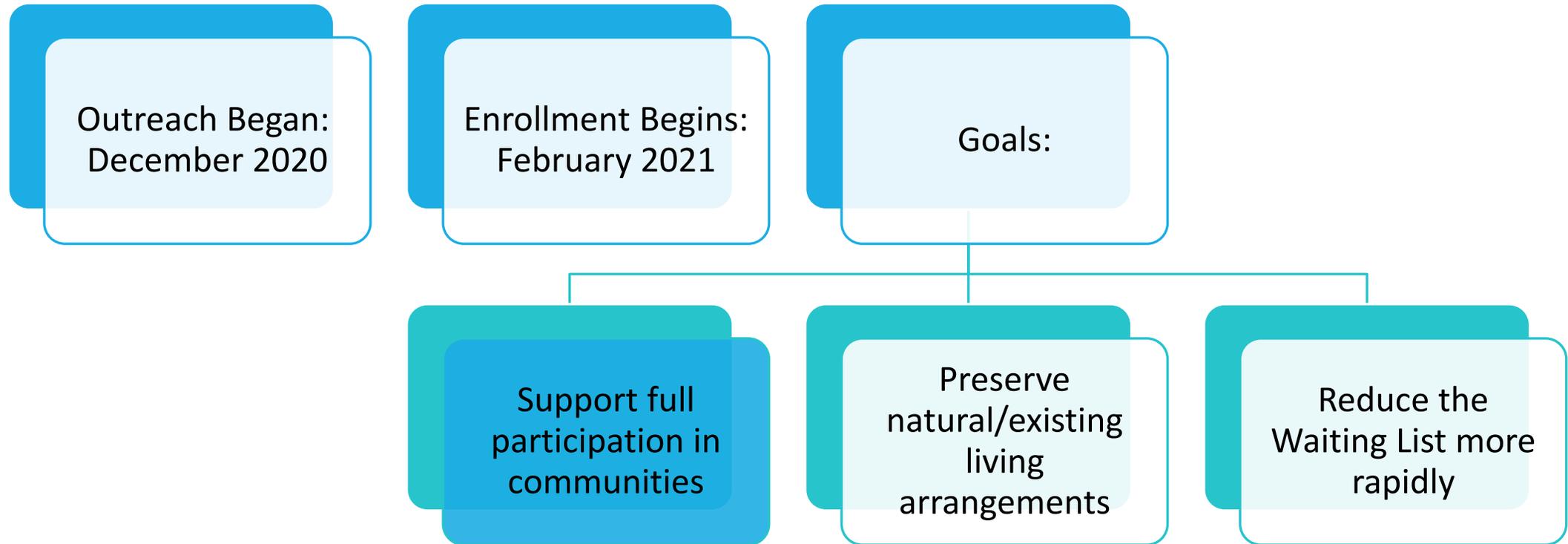




Photo by [Cliff Booth](#) from [Pexels](#)

# Community Integration

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Connections to neighborhood groups

Opportunities for health and wellness (yoga, walking group, etc.)

Volunteer opportunities (non-employment)

Personal interests and hobbies

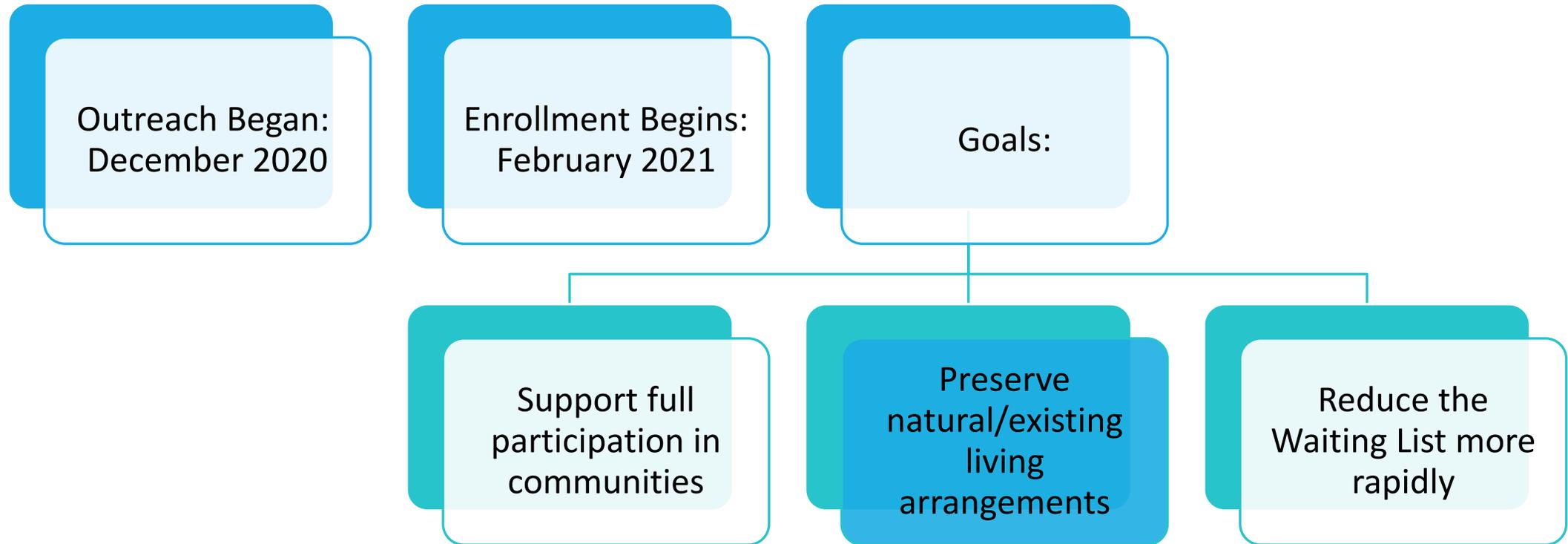
Connections to community organizations

Accessing and using community services and resources available to the general public

Competitive employment

# CWP Overview

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# Person Centered Planning

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Ensuring the individual and their natural support network are included in the person-centered planning process

PCP must include so-called generic services which facilitates community inclusion (no work out at the day program when we can go to the YMCA!)

Includes MORE opportunities to discuss the benefit of Self-directed Services that allows families to have more engagement in service delivery

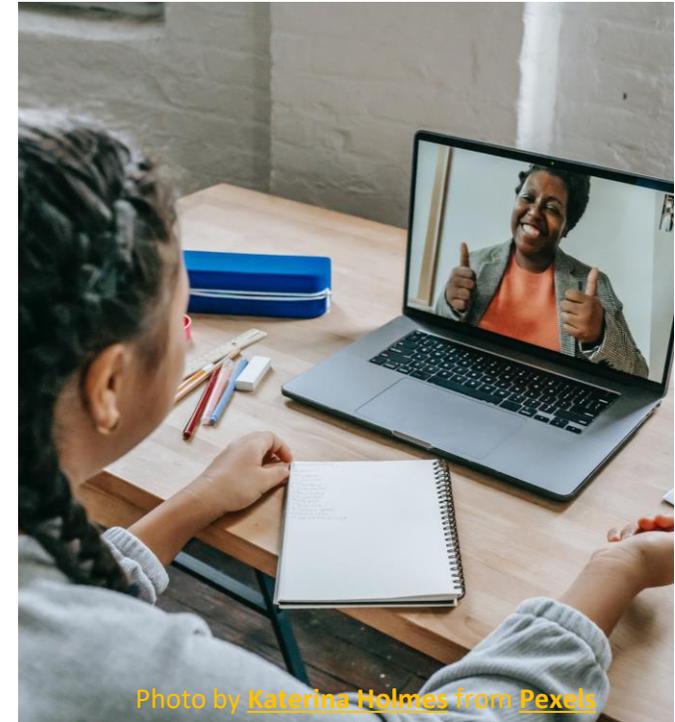
MUST ensure choice of services that meets the ASSESSED needs and desires of the individual so they ACHIEVE desired OUTCOMES!

# Remote Supports

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Supports at the place of residence by Remote Support staff housed at a remote location and who are engaged with the person through equipment with the capability for live, two-way communication.

- Provided in real time, not via a recording, by awake staff at a remote monitoring base using the appropriate stable, reliable connection.
- Intended to address a person's assessed needs in his/her residence and are to be provided in a manner that promotes autonomy and minimizes dependence on paid support staff.
- The Remote Support staff shall have detailed and current written protocols for responding to a person's needs as specified in the PCP, including contact information for the backup support person(s) to provide assistance when necessary.
- A backup support person is always identified, available and responsible for responding.





# Assistive Technology & Adaptive Aids

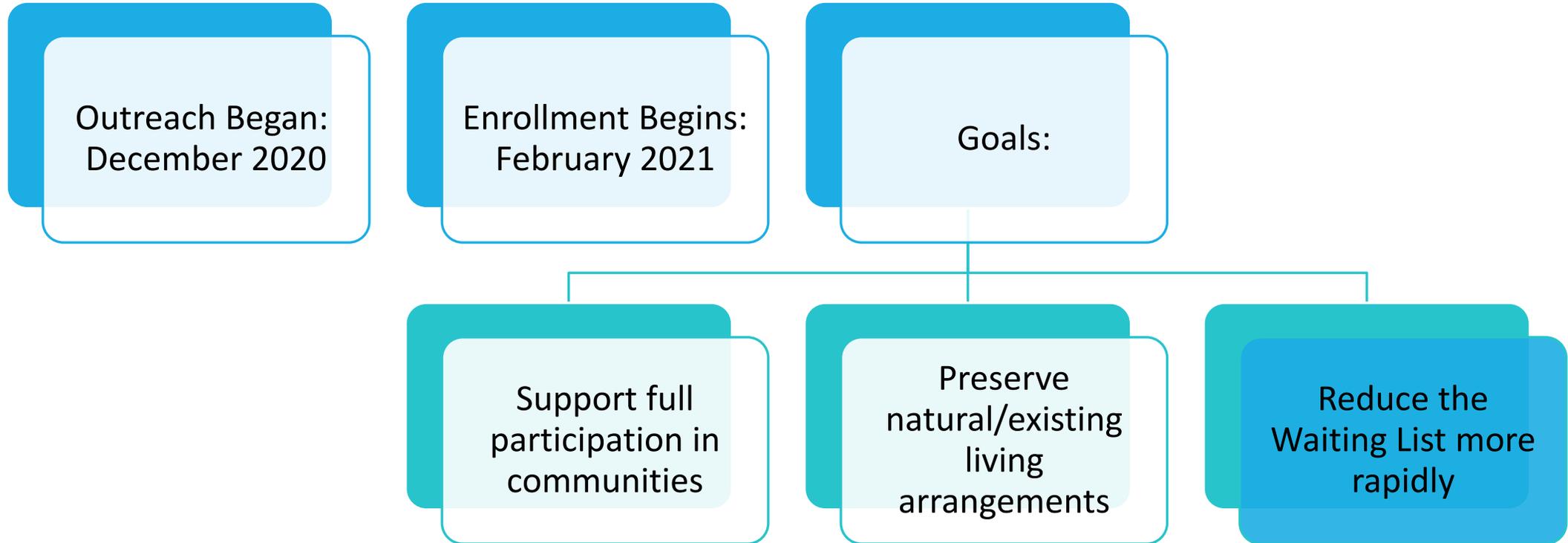
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Items used to increase, maintain, or improve functional capabilities and to support increased independence in the home, in community participation, and in competitive integrated employment.

- Covers purchases, leasing, shipping costs, and as necessary, repair of equipment.
- Must include evaluation of the needs of the individual by an appropriate professional, including functional assessment of the impact of provision of the service.
- Must include strategies for training the individual and their natural/unpaid and paid supporters.
- Examples: adaptive switches; adaptive equipment for feeding and oral hygiene; toileting equipment; communication devices; hearing/vision assistive devices; computer and other equipment to accommodate workplace participation; environmental control software.

# CWP Overview

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The background features a stylized illustration of a queue of people. Each person is represented by a dark silhouette. Above each person is a speech bubble containing the text "I'M NEXT!". The speech bubbles are arranged in a line, following the queue. The entire scene is rendered in a dark, muted brown color against a lighter brown background.

# Reduce the Waiting List

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INITIAL FUNDING FOR 500 INDIVIDUALS

WAITING LIST REDUCED BY 25% IN FIRST YEAR

ADDITIONAL REDUCTION THROUGH PROGRAM SAVINGS AND ATTRITION IN FOLLOWING YEARS

# CWP Waiver Overview

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## Three Authorities

- 1915(c) Waiver
  - Functions like ID/LAH Waivers
  - 474 slots statewide (including reserve capacity)
  - Identical Eligibility Criteria
- 1115 Demonstration Waiver
  - What was a State Plan is now part of the 1115
    - Purpose: to prevent at-risk persons from requiring 1915(c) services by providing supports in advance of need
    - 26 slots statewide (including reserve capacity)
    - Needs-based criteria, rather than eligibility criteria
  - Allows waiver of certain requirements of 1915(c) Waiver
    - Implement CWP only in Pilot Areas, rather than statewide
    - Limit total enrollment capacity to align with financial resources
    - Allow Support Coordination only by DMH staff (except Region 2, where provided by 310 Boards)
    - Establish four distinct enrollment groups within the 1915(c) waiver, each with unique set of services and supports

# 1915(c) Waiver & Enrollment Groups (1-4)

EACH ENROLLMENT GROUP FEATURES A DISTINCT SET OF TARGETED SERVICES

# 1915(c) Waiver for Individuals with ID Meeting Institutional Level of Care

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## Eligibility:

Full scale IQ below 70

Age of onset of Intellectual Disability diagnosis before age 18

Significant functional limitations in three of six areas of adaptive functioning

ICAP service score of 85 or lower

## Financial eligibility as determined by Medicaid:

- Assets: Up to \$2000
- Income: up to 300% of Federal Poverty Level

# 1915(c) Waiver Enrollment Groups

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1. Children (ages 3-13) with ID who live with family or other natural supports
2. Transition-age youth (ages 14-21) who live with family or other natural supports or who (ages 18-21) live independently
3. Working-age or older adults (ages 22+) with ID who live with family or other natural supports or who live independently
4. Persons (ages 3+) with ID who are unable to live with family or other natural supports or to live independently

# Community Waiver Program

## List of Services

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- Support Coordination
- Employment Services
- Personal Assistance – Home; Personal Assistance - Community
- Independent Living Skills Training
- Community Integration Connections & Skills Training
- Community Transportation (Non-Medical)
- Positive Behavior Supports
- Breaks and Opportunities (Respite)
- Family Empowerment Counselor/Systems Navigator Services
- Natural Support or Caregiver Education & Training
- Peer Specialist Services
- Financial Literacy & Benefits Counseling Services
- Assistive Technology & Adaptive Aids
- Remote Supports
- Minor Home Modifications
- Supported Living Services
- Housing Counseling Services
- Housing Start-Up Assistance
- Skilled Nursing
- Therapies – Occupational, Physical, Speech & Language
- Adult Family Home
- Community-Based Residential Services

# 1115 DEMONSTRATION WAIVER AUTHORITY

TARGETED SERVICES TO SUPPORT INDEPENDENT COMMUNITY  
LIVING AND COMMUNITY INTEGRATION, INCLUDING EMPLOYMENT

# 5<sup>TH</sup> Enrollment Group

## HCBS Program for Individuals with ID Meeting Needs-Based Eligibility Criteria (Non-Institutional Level of Care)

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### Eligibility:

Full scale IQ below 70

Age of onset of Intellectual Disability diagnosis before age 18

Significant functional limitations in a minimum one of four ICAP domains (score < 480)

Age 22 or older

Financial eligibility as determined by Medicaid:

- Assets: Up to \$2000
- Income: up to 150% of Federal Poverty Level or if working, up to 250% of Federal Poverty Level

Only one enrollment group for 1115(DWA)

# Community Waiver (1115DWA)

Working-age or older adults (ages 22+) with ID who live with family or other natural supports or who live independently

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- Support Coordination
- Employment Services
- Independent Living Skills Training
- Community Integration Connections & Skills Training
- Community Transportation (Non-Medical)
- Peer Specialist Services
- Financial Literacy & Benefits Counseling Services
- Assistive Technology & Adaptive Aids
- Remote Supports
- Housing Counseling Services
- Housing Start-Up Assistance

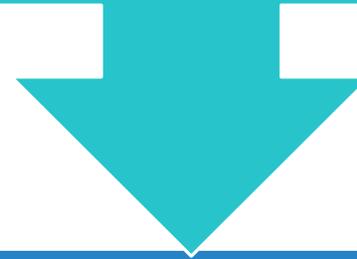
Nothing is *Impossible*,  
the word itself says  
*I'm possible!*  
—Audrey Hepburn

# Community Waiver Program Provider Readiness

TRAINING AND PREPARATION TO ENSURE THE BEST QUALITY OF  
SERVICES

Provider  
Readiness  
Initiative  
Goals

First primary goal is to ensure providers involved with CWP have ongoing access to technical assistance to be successful (budgetary; policy; programmatic; etc.)



Second primary goal is to provide all required training for direct service professionals delivering CWP services that require specialty training

# Training for Direct Support Professionals

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FREE TRAINING



ONLINE



COMPETENCY-BASED  
TRAINING FORMAT



ON-DEMAND AND  
SELF-PACED



ASSESSMENT OF  
COMPETENCY IS  
BUILT-IN

Provider  
Readiness  
Initiative

Technical assistance and specialty training for provider agency staff

Ongoing initiative that will adapt to needs of providers for CWP

The Columbus Organization will coordinate specialty training.

# To Date....

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- Thirty-seven (37) providers have committed to provided CWP services
- The Division has employed 22 Support Coordinators
- The program has 363 individuals say YES to the program leaving 137 available slots (500 slot program)
- Of the 363, 182 (50%!!) stated they wanted employment
  
- Today's latest report: WE RECEIVED FORMAL APPROVAL FROM CMS 10/20/21!!

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Thank you for allowing me to share!! Please reach out to Byron White for additional information about this new initiative which will no doubt change the course of our Medicaid waiver services!!

