

ALABAMA STATEWIDE TRANSITION PLAN

PLAN FOR ACHIEVING AND MAINTAINING COMPLIANCE WITH THE HCBS SETTINGS FINAL RULE

CMS 2249-F and CMS 2296-F



SETTINGS ASSESSMENT UPDATE

February 28, 2022

Updated December 16, 2022

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SECTION I: INTRODUCTION

The Alabama Statewide Transition Plan (STP) is intended to ensure the State complies with federal rules governing home and community-based services (HCBS) provided with Medicaid funding. It outlines the requirements set forth in the rules, describes the planning process and plan for stakeholder and public input and details the steps that have been or will need to be taken to ensure compliance.

An initial version of the plan was originally submitted to Centers for Medicare and Medicaid Services (CMS) on March 17, 2015, with an additional update on March 31, 2016. An updated systemic assessment was issued on October 21, 2016, in response to requests for additional information received from CMS in July 2016. CMS made a subsequent request for additional information and clarification in December 2016. An updated version of the plan was submitted on January 19, 2017, in response, which received initial approval from CMS. Initial approval indicates a State has submitted a systemic assessment that meets CMS expectations for this portion of the STP. Final approval will be granted when a State submits a settings assessment that meets CMS criteria.

This Final STP builds on the State's approved initial STP and provides a description of the State's comprehensive settings assessment processes and outcomes, including validation activities and heightened scrutiny. This Final STP differs from the approved initial STP in the following ways:

- Throughout the STP, language has been updated to reflect past and present activities.
- Section I has been revised to provide a high-level summary of the background regarding the HCBS Final Settings Rule (Final Rule or HCBS Final Rule) requirements and a description of the State's HCBS system.
- Section II has been added to provide an overview of some of the key actions the State has taken to identify the need for and implement systemic improvements that support the intent of the Final Rule.
- Section III provides a summary update to the Systemic Assessment results documented in the State's initial approval.
- Section IV has been added to describe the State's process for identifying settings with the effect of isolating, outcomes, remediation strategies, and transition to compliance monitoring, as well as the State's heightened scrutiny process and outcomes.
- Section V has been added to describe the State's ongoing monitoring and quality assurances processes that ensure all HCBS settings remain fully compliant after March 17, 2023, and the proposed process for communicating with beneficiaries who receive services in settings that fail to come into compliance.
- Appendix A provides a link to the STP that received initial approval, which describes the State's Systemic Assessment.

- Appendix B provides a link to all public comment made during two previous comment periods and the comment period for this current submission for final approval.
- Appendix C provides an update of the progress toward the Systemic Assessment Milestones.
- Appendix D provides lists of settings that have remediated prior to July 1, 2021, and settings that have not yet remediated, but are expected to prior to the end of the transition period. These lists of settings were provided for public comment on 9/30/2021 and submitted to CMS on 10/29/2021.

SECTION II: BACKGROUND

This section summarizes the HCBS Final Rule requirements and describes the structure of the State's HCBS system.

A. Home and Community-Based Settings Final Rule Requirements

On March 16, 2014, CMS issued its Home and Community-Based Settings Final Rule (CMS 2249-F/2296-F) (Final Rule). The complete set of federal regulations for the Final Rule can be found on the Federal Register website at the following link:

<https://www.federalregister.gov/articles/2014/01/16/2014-00487/medicaid-program-state-plan-home-and-community-based-services-5-year-period-for-waivers-provider>

A summary of the requirements is provided below. Since August 2015, CMS has issued substantial additional guidance to states, through a series of documents and webinars, regarding specific expectations for achieving and documenting compliance with the Final Rule requirements. These are incorporated in this final version of the Alabama STP.

Final Rule Intent: The intent of the Final Rule is to ensure that individuals receiving long-term services and supports through HCBS programs under the 1915(c), 1915(i), and 1915(k) Medicaid authorities have required full access to benefits of community living and the opportunity to receive services in the most integrated setting that is appropriate. Among many of the things the Final Rule does, some of the most important are: 1) establishes an outcome-oriented definition that focuses on the nature and quality of individuals' experiences; 2) maximizes opportunities for individuals to have access to the benefits of community living and the opportunity to receive services in the most integrated setting; and 3) establishes requirements for the qualities of home and community-based settings.

The Home and Community-Based Settings Final Rule Requirements

Characteristics of Compliant Settings: A compliant home and community-based setting will meet all of the following requirements:

- Is integrated in and supports access to the greater community
- Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources
- Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid home and community-based services
- Is selected by the individual from among setting options, including non-disability specific

settings and an option for a private unit in a residential setting (with consideration being given to financial resources)

- Ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint
- Optimizes individual initiative, autonomy, and independence in making life choices
- Facilitates individual choice regarding services and supports, and who provides them

Additional Requirements for Provider-Owned or Controlled Residential Settings: A compliant provider-owned or controlled residential setting will also be physically accessible to the individual, and, in addition to the above requirements, meet all of the following requirements:

- The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.
- Each individual has privacy in their sleeping or living unit:
 - Units have entrance doors lockable by the individual, with only appropriate having keys to doors.
 - Individuals sharing units have a choice of roommates in that setting.
 - Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
- Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.
- Individuals are able to have visitors of their choosing at any time.

Modifications: Modifications to any of the additional requirements for provider-owned or controlled residential setting listed above must be:

- Supported by specific assessed need
- Justified in the person-centered service plan
- Documented in the person-centered service plan, which must include:
 - Specific individualized assessed need
 - Prior interventions and supports including less intrusive methods
 - Description of condition proportionate to assessed need
 - Ongoing data measuring effectiveness of modification

- Established time limits for periodic review of modifications
- Individual informed consent
- Assurance that interventions and supports will not cause harm

Settings that are not Home and Community-Based: The Final Rule also describes institutional settings that cannot be considered home and community-based. These include Nursing Facilities, Institutions for Mental Disease, Intermediate Care Facilities for Individuals with Intellectual Disabilities and Hospitals.

Settings that have Institutional Qualities: In addition, the regulations identify other settings that are presumed to have institutional qualities and therefore do not meet the requirements for Medicaid home and community-based settings. These include:

- Settings in a publicly or privately operated facility that provides inpatient institutional treatment (Prong I)
- Settings in a building on the grounds of, or adjacent to, a public institution (Prong II)
- Settings with the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS (Prong III)

Private Home and Foster Home Settings: CMS has clarified that a State may presume that an individual's private home or a relative's home where an individual resides meets the home and community-based settings requirements, but it also has a responsibility to ensure that individuals living in a private home or a relative's home have opportunities for full access to the greater community. If a State is operating under a presumption that a private home is meeting the setting requirements, the State needs to confirm that the setting was not purchased or established in a manner that isolates the individual from the community of individuals not receiving Medicaid-funded home and community-based services. Similarly, CMS has indicated that for any foster home settings, the State must also ensure individuals have opportunities for full access to the greater community and that those foster homes are not operating in a manner that is institutional in nature.

Transition Planning: For new settings and new 1915(c) waivers or new 1915(i) or 1915(k) State plan amendments (i.e., those that come on-line after the effective date of the HCBS Final Rule), States are required to ensure they are compliant from the outset. Such settings are not allowed a transition period. On the other hand, settings that were operational at the time the HCBS Final Rule was issued are eligible for a transition period to make any changes needed to achieve full compliance. States, and all eligible settings, must be in full compliance with the Final Rule for all home and community-based settings no later than March 17, 2023. Settings that do not achieve compliance by that date will no longer be eligible to receive federal HCBS funding.

States must develop and submit an STP to CMS describing how they will evaluate whether their standards and settings are in compliance with the federal home and community-based setting regulations. The STP must include both a systemic assessment and a site-specific assessment. For both the systemic and site-specific assessments, states are required to identify all types of home and community-based program settings in their State where HCBS are provided and where beneficiaries reside. The outcomes of each assessment are to be described both by waiver and by each setting within the waiver.

- The *Systemic Assessment* refers to the State's assessment of the extent to which its regulations, standards, policies, licensing requirements, and other provider requirements ensure settings are in compliance. The Final Rule required a review of State standards related to all setting types in which HCBS is provided. Examples of documents in which State standards are likely to be found include statutes, licensing/certification regulations, waiver documents and regulations, guidelines, and policy and procedure manuals. States must also ensure that the language in State standards is fully consistent with the requirements in the federal setting regulations, including 42 CFR §441.301(c)(4) for 1915 (c) waivers. The federal regulations set the floor for requirements, but States may elect to raise the standard for what constitutes an acceptable home and community-based setting.
- The *Settings Assessment* refers to the State's assessment of the extent to which specific settings in which HCBS are provided are in compliance with all of the Final Rule requirements and ensure that individuals receiving HCBS actually experience the outcomes intended by the Rule. The settings assessment processes must incorporate multiple methodologies to identify any settings that are not home and community-based and any settings that have institutional qualities, as described above (Prong I, II or III.) Based on the findings of a state's Settings Assessment, the STP must identify any settings that are not in compliance. It must also describe 1) the processes by which those determinations were made, 2) how remediation will occur, and 3) the processes by which the State will monitor to ensure ongoing compliance.

Heightened Scrutiny Process for Settings Presumed to be Institutional: As a part of its STP for achieving full compliance with the Final Rule, States are required to identify any settings that fall into one of the three categories presumed to be institutional. For any setting that is presumed to have institutional qualities, the State has the option of submitting evidence to CMS to demonstrate the setting does not have the qualities of an institution and that it does have the qualities of a home and community-based setting. In order to overcome the presumption that a setting has the qualities of an institution, CMS must then determine that the setting does not have the qualities of an institution and does have the qualities of a home and community-

based setting. This process is known as “Heightened Scrutiny.”

Guidance CMS issued in 2019 indicated that the agency will take into account the following characteristics that would contribute to a finding that a setting should be presumed institutional based on its practices, rather than simply a location:

- Due to the design or model of service provision in the setting, individuals have limited, if any, opportunities for interaction in and with the broader community, including with individuals not receiving Medicaid-funded HCBS;
- The setting restricts beneficiary choice to receive services or to engage in activities outside of the setting; or,
- The setting is physically located separate and apart from the broader community and does not facilitate beneficiary opportunity to access the broader community and participate in community services, consistent with a beneficiary’s person-centered service plan.

Pursuant to CMS guidance issued on March 22, 2019, and July 14, 2020 regarding the requirements and processes for heightened scrutiny, States must make available for public comment the findings of its review related to settings that have been determined by the State to have isolating characteristics, according to the following guidelines:

- For any settings that have the effect of isolating Medicaid beneficiaries from the broader community and have not come into compliance with the regulatory criteria by July 1, 2021, CMS requested that States submit information for a heightened scrutiny review no later than October 31, 2021.
- In addition, if the State initially determines that a setting has the effect of isolating individuals and the setting implements remediation to comply with regulatory criteria to the State’s satisfaction by July 1, 2021, then there will be no need to submit information on that setting to CMS for a heightened scrutiny review. However, for settings that were originally deemed isolating, but have remediated, the State must also make that information available for public comment. Further, CMS reserves the right to review any setting that the State has attested has remediated isolating characteristics if the State receives significant public comment disagreeing with the State’s assessment.

<https://www.medicaid.gov/federal-policy-guidance/downloads/smd19001.pdf>

<https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd20003.pdf>

CMS will use the list to compile a random sample of settings to review, but may also review additional settings and/or suggest changes to the State’s heightened scrutiny review process if the sample review highlights concerns with the State’s approach in determining whether a

setting overcomes the presumption that it is an institution. CMS may also request information on any setting for which the State received public comments that the setting was presumptively institutional but was not included on the State's heightened scrutiny list because the State determined it to meet the HCBS settings criteria.

CMS will review all information presented by the State and other parties on settings selected for the review sample and will either approve the State's assertion that the setting overcomes the presumption that the setting is an institution; or provide the State feedback on missing information, questions for clarity, or reason(s) why CMS cannot agree that a setting is able to overcome the presumption that it is an institution. The heightened scrutiny review may include a site visit by CMS personnel to validate the evidence submitted by the State. Criteria CMS uses to review State requests for heightened scrutiny include whether all of the qualities of a home and community-based setting outlined in the federal settings regulations are met; whether the State can demonstrate that persons receiving services are not isolated from the greater community of individuals not receiving HCBS; and, whether CMS concludes that there is strong evidence the setting does not meet the criteria for a setting that has the qualities of an institution. States will then have the opportunity to provide the additional information needed to support their assertion before final determination is made by CMS. Finally, CMS will expect the State to apply the lessons learned from the Heightened Scrutiny determinations for the sample settings to further remediate similarly situated settings not included in the CMS review sample.

Evidence CMS expects States to submit when requesting a heightened scrutiny process must focus on the qualities of the setting and how it is integrated in and supports full access of individuals receiving HCBS into the greater community. For heightened scrutiny requested for 1915 (c) waiver programs, evidence should also include the information the State received during the public input process. For Prong III settings, minimum evidence from the State must demonstrate that individuals participate regularly in typical community life activities outside of the setting to the extent the individual desires and these activities do not include only those organized by the provider agency specifically for a group of individuals with disabilities and/or involving only paid staff. Services to individuals, and activities in which individuals participate, are engaged with the broader community and foster relationships with community members unaffiliated with the setting.

Public Comment Requirements: Prior to filing the STP or significant updates with CMS, the State must seek input from the public on the State's proposed STP, or any modification to the STP, providing no less than a 30-day period for that input to occur. Statements of public notice should be issued on or before the first day of the public comment period in order to allow the

public the full 30 days to review and comment. The process for individuals to submit public comment should be convenient and accessible for all stakeholders, particularly individuals receiving services. CMS requires States to post their STPs on their website in an easily accessible manner and include a website address for comments. At least one additional option for public input is required.

All public comments must be reviewed, and consideration given to modification of the STP. The final plan submitted to CMS must include a summary of the public comments, including the full array of comments whether in agreement or not with the State's determination of the system-wide compliance and/or compliance of specific settings/types of settings; a summary of modifications to the STP made in response to public comment; and in cases where the State's determination differs from public comment, the additional evidence and rationale the State used to confirm the determination. The State must also provide an assurance that the STP, with any modifications made as a result of public input, is posted for public information no later than the date of submission to CMS, and that all public comments on the STP are retained and available for CMS review for the duration of the transition period or approved waiver, whichever is longer.

On February 28, 2022, Alabama posted for public comment the proposed STP for final approval. The public comment and the State's response are appended to this plan and were included in the submission to CMS that occurred on July 29, 2022.

B. Description of Alabama's HCBS System

Alabama offers home and HCBS through seven Medicaid 1915 (c) waivers, including one new waiver, operated concurrently with an 1115 (b) waiver, that was approved in October 2021. This waiver is described in detail in Section II below and is not subject to transition planning. There are currently no HCBS provided in the State under the 1915 (i) or 1915 (k) authorities of the Medicaid statute. The six 1915 (c) waivers subject to transition planning include:

The **Elderly and Disabled Waiver** provides services to individuals who might otherwise be placed in a nursing facility. The waiver is operated by the Alabama Department of Senior Services (ADSS). The waiver is approved to serve 15,000 individuals. E&D services are provided in private homes and a small number of Adult Day Health (ADH) programs.

The **Individuals with Intellectual Disabilities (ID) Waiver** serves individuals who meet the definition of intellectual disability who would otherwise require more costly services in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID.) The waiver is operated by the Alabama Department of Mental Health, Division of Developmental

Disabilities (ADMH-DDD) and is approved to serve 5,260 individuals. ID services are provided in the following settings: Residential Group Homes (4 or less), Residential Group Homes (5 or more), Day Habilitation, Private Homes, Community Worksites and Integrated Community Experience settings.

The **Living at Home (LAH) Waiver**, also operated by Alabama Department of Mental Health, Division of Developmental Disabilities (ADMH-DDD) provides a wide array of services for individuals with a diagnosis of intellectual disability who would otherwise require more costly services in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). The Living at Home Waiver is approved to serve 769 individuals. LAH services are provided in the following settings: Day Habilitation, Private Homes, Community Worksites and Integrated Community Experience settings.

The State of Alabama Independent Living (**SAIL) Waiver** serves adults with specific medical diagnoses who are at risk of being institutionalized in nursing facilities. The waiver is operated by the Alabama Department of Rehabilitation Services (ADRS). The SAIL Waiver is approved to serve 800 individuals. SAIL services do not include any residential or day programs and are provided in private homes only.

The **Technology Assisted (TA) Waiver for Adults**, operated by the Alabama Medicaid Agency (AMA), provides private duty nursing, personal care/attendant services, assistive technology, and medical supplies to individuals with disabilities who would otherwise require more costly nursing facility care. The TA Waiver serves adults with complex medical and serves up to 80 individuals. TA services do not include any residential or day programs and are provided in private homes only.

The **Alabama Community Transition (ACT) Waiver** provides services to facilitate transition for individuals with disabilities currently living in nursing facilities. It is currently operated by the Alabama Department of Senior Services (ADSS). This waiver has a capacity to serve 675 individuals. ACT services do not include any residential programs and are provided primarily in private homes, although ADH is a service option.

Note: Since the submission and approval of the initial STP, the **HIV/AIDS Waiver** was discontinued in September 2017. The waiver provided case management, homemaker, personal care, respite, companion, skilled nursing for HIV/AIDS beneficiaries. The individuals served in this waiver transition at that time were assured continuation of needed services pursuant to the CMS-approved waiver transition plan.

SECTION III: SYSTEMIC IMPROVEMENTS

This section provides an overview of some of the key actions the State has taken since the issuance of the HCBS Final Settings Rule to identify the need for and implement systemic improvements that support the intent of the Rule

Stakeholder Input: The State has implemented multiple strategies to engage stakeholders in the transition planning process.

AMA maintains a webpage that updates STP activity on an ongoing basis. ([https://medicaid.alabama.gov/content/6.0 LTC Waivers/6.1 HCBS Waivers/6.1.8 Transition Plan.aspx](https://medicaid.alabama.gov/content/6.0%20LTC%20Waivers/6.1%20HCBS%20Waivers/6.1.8%20Transition%20Plan.aspx)). This includes comments received during all public comment periods related to the STP.

Because almost all settings in the State that are subject to the Final Rule are in the ID and LAH waivers, most other stakeholder engagement efforts have been focused in that direction. Since CMS' issuance of the Final Rule in March 2014, in collaboration with AMA, ADMH-DDD has been engaging stakeholders regarding strategies for achieving compliance, challenges, and outcomes of providers' and the Division's activities, with the goal of making system-wide improvements for individuals served and their families. The following paragraphs provides an overview of these activities.

- **DDD Subcommittee**

In 2014, ADMH-DDD began engaging stakeholders in the STP process through its Coordinating Subcommittee (DDD Subcommittee) of the Department's Management Steering Committee. The Coordinating Subcommittee meets monthly and is comprised of residential and day service providers, parents, the State's Protection and Advocacy agency, ADMH-DDD staff, and representatives of the following organizations:

- ARC of Alabama, a non-profit, volunteer-based membership organization whose primary role is to advocate for the rights and protections of people with intellectual and developmental disabilities (I/DD) and their families.
- The State's 310 Boards, which provide support coordination for LAH and ID Waiver recipients.
- Alabama Council on Developmental Disabilities, which is comprised of governor-appointed volunteer members, including people with developmental disabilities, family members, and representatives of public agencies that serve them and works towards system changes in aspects of service/support to promote better lives for individuals with developmental disabilities and their families.
- Alabama Council of Community Mental Health Boards, which represent the State's

mental health boards and their constituents.

- People First of Alabama, a group of people with developmental disabilities living in Alabama communities dedicated to making dreams happen by having choices and autonomy.
- Alabama Service Providers Association, an inclusive association of providers of community-based services for individuals with intellectual and developmental disabilities in Alabama.

From 2014-2018, ADMH-DDD also conducted the following stakeholder engagement activities:

- Between April and June 2014, ADMH-DDD worked with the DDD Subcommittee on an amendment to the ID Waiver to ensure Final Rule compliance. Stakeholders' input was used to improve and expand services and their definitions, including the addition of services that could be self-directed with budget authority as well as services that encourage community integration, such as housing stabilization. Day services were also shifted from a per diem model to 15- minute units, and ADMH-DDD updated the waiver's performance measures.
- On August 12, 2014, CMS notified ADMH-DDD that they were not approving the Division's HCBS Waiver Transition Plan because self-assessments had not been conducted for all certified providers and the plan did not provide target end dates for several activities; however, CMS granted the Division an extension to remedy these issues. Later in the month, members from the DDD Subcommittee and other stakeholders participated in a planning session to examine and discuss challenges surrounding the Final Rule, HCBS Waiver Transition Plan, and waiver renewal. Work groups were formed to focus on these HCBS compliance activities.

- ***HCBS Stakeholder Task Force***

In 2018, the ADMH Commissioner retained a consultant to guide ADMH-DDD in its HCBS compliance work. The consultant's first act was to expand the scope of stakeholder engagement by establishing a formal HCBS Stakeholder Task Force to solely assist ADMH-DDD with developing work plans and identifying strategies to achieve full compliance with the Final Rule. Staff from AMA provided ongoing input and technical assistance to the group, which included representatives of a broad cross section of the system's major stakeholders appointed by their respective organizations:

- Persons served
- The State's 310 Boards
- Alabama Council on Mental Health Centers
- Alabama Disabilities Advocacy Program (ADAP)

- People First of Alabama
- Day habilitation and residential providers
- Behavioral Health Association of Alabama
- The Arcs of Alabama, Shelby County, and Madison County
- ADMH-DDD staff, including Advocacy Services

To better facilitate their work, the task force was divided into five work groups: De-Confliction, Support Coordination, Residential Services, Day and Employment Services, and Education and Advocacy. HCBS Stakeholder Task Force (Task Force) activities were robust and well-attended. Activities included the following:

- Monthly task force meetings were held beginning in February 2018, with active and full participation of all appointed.
- The five (5) work groups were charged with recommending specific compliance actions and timeframes for their respective areas.
- A special stakeholder listening forum was held in December 2018 for people served and their families to share their desires for needed waiver services and how to improve the waiver programs.

Outcomes of the Task Force activities were broad and facilitated systemic changes that supported the intent of the Final Rule. For the purposes of the STP, in particular, the task force provided oversight of the development and implementation of the updated standardized provider HCBS review process, including revised self-assessment and validation tools to evaluate each setting where HCBS waiver services are provided (These are described in more detail, with links to the tools, in Section III below.). The Task Force also reviewed and approved the process by which the tools were used to determine if a setting was isolating in nature. Other tools vetted by the Task Force included the Individual Experience Assessment, revisions to the ADMH-DDD provider certification tool, and a New Provider HCBS Compliance Agreement.

In addition, the Task Force's Education and Advocacy work group was charged to develop an education plan designed to inform all constituents about the various requirements of the Final Rule as well as ADMH-DDD's plan for transition. Like the Stakeholder Task Force as a whole, membership on the work group included representation from self-advocates, family members, providers, and agency staff of both ADMH-DDD and AMA. The group also partnered with the Alabama Developmental Disabilities Planning Council (ACDD) in 2019, retained a public relations firm to assist with this work and developed a communication strategy.

To guide the development of the communication and education strategy, a series of forums were held in 2019 with self-advocates and their families, service providers and others. The results of these forums led to the development of HCBS Rule materials such as introductory flyers, brochures, and posters, as well as graphics for website and social media. The HCBS dedicated website was launched in the summer of 2019 and continues to serve as the host of ADMH-DDD's HCBS Rule educational/informational materials. The website also shares links to other state and national HCBS resources.

HCBS Educational/Informational materials can be obtained from any of the five ADMH-DDD Regional Offices and/or can be printed from the webpage. To date, the webpage hosted on the ACDD website, <https://www.acdd.org/hcbs/>, has received over 2100 hits. ADMH also hosts an informational page on HCBS, located at <https://mh.alabama.gov/home-and-community-based-services/>, and has realized more than 15,000 hits to date.

Additional outcomes that emanated from the work of the Task Force included:

- Successful de-confliction of the State's support coordination services;
- Increased hours for targeted case management for waiver services;
- Expanded community day services with more incentivized supported employment services;
- Development of a pilot project to review person-centered plans; and,
- Engagement with a consultant to develop a standardized person-centered planning process and person-centered planning toolkit for Alabama .

Minutes of the HCBS Stakeholder Task Force can be viewed at <https://mh.alabama.gov/home-and-community-based-services/>.

The active engagement of stakeholders will continue throughout the remainder of the transition period and beyond, focusing on the implementation, evaluation, and revision of HCBS work plans to successfully comply with the Final Rule by the March 2023 deadline. ADMH-DDD will continue to report all HCBS compliance activities to stakeholders and request feedback at its monthly DDD Subcommittee meetings. While the COVID-19 public health emergency led to a pause in HCBS Stakeholder Task Force meetings during the Fall of 2020, ADMH-DDD reconvened these meetings in 2021 and anticipates it will continue to meet throughout the months leading up to March 2023. Additional ongoing stakeholder engagement activities are detailed in Section IV.

Community Waiver Program: After a lengthy planning period, on October 1, 2021, ADMH-DDD began operation of the Community Waiver Program (CWP). Aligning with the intent of the HCBS

Rule, this program promotes independence, community inclusion, and integrated employment. Established through 1915 (c) and 1115 waiver authorities, the CWP will provide beneficiaries a broad range of services designed to sustain family units and promote independence and community inclusion and integration, including competitive integrated employment for beneficiaries. Its program design results in a tiered approach for service delivery based on beneficiaries' level of need and living situation. The CWP will allow ADMH-DDD to strategically transition towards closure of the ID and LAH Waivers, as individuals currently served in the ID and LAH Waivers will initially remain enrolled in those waivers while a majority of new enrollments for HCBS waiver services are enrolled in the new demonstration waiver program. Settings for this program must comply with the requirements of the Final Rule at the outset.

In collaboration with AMA, ADMH-DDD began designing the CWP after conducting statewide stakeholder engagement meetings from December 2018 to April 2019. Based on the results, ADMH-DDD developed a concept paper for public comment that described a new 1115 demonstration waiver opportunity for all persons with intellectual disabilities newly enrolled in HCBS by ADMH-DDD. In response to stakeholder input, the ADMH-DDD posted an 1115 demonstration waiver application for public comment. The waiver application incorporated stakeholder feedback into the final application that was then submitted to CMS on October 4, 2021, for approval.

Person-Centered Planning: In 2018, in response to stakeholder questions on how to support people in “meaningful day activities”, pilots were conducted with two provider agencies on person-centered planning (PCP) using CQL’s Personal Outcome Measures (POM) and Community of Practice’s Life Course. Mandatory two-day training was provided for all ADMH-DDD central office and regional staff as well as the Executive Directors of provider organizations. ADMH-DDD used data and other findings from its PCP pilot to revise and develop new Administrative Code standards and Operational Guidelines to promote best practice approaches and models for service coordination. In 2020, a person-centered assessment tool, plan and conversation guide were also developed specifically for ADMH-DDD by its consultant, Inclusa Inc. All three in concert promote Final Rule compliance through identifying individuals’ employment preferences and opportunities; interests and hobbies; opportunities for community participation and inclusion; independence and being able to make decisions; privacy; access to the community and their resources; freedom from restrictions; and safety.

ADMH-DDD has mandated the use of its PCP model and tools, including policies and procedures as well as the Division’s standardized individual service plan format. In August and September 2020, ADMH-DDD internal staff and approximately 200 service coordinators across the State completed PCP training using the new tools. As of October 1, 2020, PCP was implemented

statewide with the support of nationally recognized PCP leaders and the National Center on Advancing Person-Centered Practices and Systems (NCAPPS). ADMH-DDD has established an ongoing mentoring program to assist service coordinators with PCP, using subject matter experts who are available Monday through Friday to respond to questions. Additionally, ADMH-DDD has implemented a bi-monthly 4-day PCP assessment and plan training for newly hired service coordinators.

Facility-Based Services Transformation: In 2015, ADMH-DDD applied for technical assistance from the Office of Disability Employment Policy (ODEP) to implement a provider transformation initiative that would offer technical assistance to providers desiring assistance to transition away from facility-based services. ODEP provided subject matter experts to assist agencies with developing and implementing transformation plans. Initially, two agencies participated in year one, and since that time, an additional 17 agencies have received the technical assistance.

ADMH-DDD continued to offer provider transformation after the ODEP funding ended. Subject matter experts (SMEs) worked in the State until the onset of the pandemic in Fiscal Year 2020. The technical assistance was available to agencies that requested to participate in the initiative through an annual Request for Proposal (RFP). Once selected, the assigned SME assisted the agency with completing a comprehensive self-assessment. The assessment process allowed the SME to conduct interviews with staff, board members, individuals and family members served, and other partner agencies and stakeholders as well as review financial records.

From the assessment, a transformation plan was developed. The long-term goal for the agencies was to move away from facility-based services. Transformation plans included the steps necessary to move an agency in a new direction. Examples of activities included a review of agency branding and marketing, staff reassignments, transportation, developing and expanding community partnerships, getting buy-in from families and staff, and assessing budget needs and priorities. In addition to onsite work from the SME, regularly scheduled meetings with pilot agencies occurred virtually. Customized web-based training presentations were developed for pilot agencies. These web-based trainings walked the pilot agencies through each step of the transformation process and also provided written guidelines and resources to assist with the process. The web-based trainings included:

- Employment First and Customized Employment
- The Evolution of Community Based Services
- Community-Based Day Services, Pre-Vocation Services and the Pathway to Employment
- Developing the Community Pilots and Community Mapping
- Marketing and Communication Plans for Internal and External Audiences
- Staff Development and Support During Transformation

- Resource Reallocation
- Foundations for Change – Seeing Ourselves as Change Agents
- Using Community-Based Services as an Effective Pathways to Community and Work
- Supporting People outside Facilities

When promoting provider transformation, ADMH-DDD also asked the original pilot agencies to open their doors to agencies interested in transformation. This “open house” event was well received, and a third day was added. Leaders of interested agencies heard from their own colleagues how they were moving their agency in a new direction.

Before the pandemic shutdown in 2020, a two-day workshop was held to offer an overview of the process as well as progress made in the State. 67 individuals representing 22 agencies attended the workshop. This workshop provided a comprehensive overview of the transformation process. This allowed agencies to get a “glimpse” of the process without having to officially sign up for the technical assistance through the RFP. SMEs reviewed the assessment process, assessment tool, plan development, and financial considerations, and more agencies indicated that they would request the technical assistance to move towards transformation. Due to the PHE, the SMEs were unable to make scheduled site visits but offered technical assistance virtually.

In 2020, building on the momentum from the provider transformation initiative, ADMH-DDD worked closely with the SMEs to develop more virtual opportunities that could be available to all providers after the onset of the pandemic. When day programs closed, those that had participated in transformation had some concept of how to continue to potentially support individuals outside facilities. Due to concern for other agencies, the Division offered two virtual events (developed and delivered by the SMEs): Foundation for Change and Pathways to Community. These events addressed the need to change as well as tools necessary to move individuals to the community. ADMH-DDD also offered a virtual workshop titled “Finding Your Path Forward- Creatively and Safely- Providing Community Based Services.”

Choice of Non-Disability Specific Settings Options: ADMH-DDD ensures that individuals have access to services in non-disability specific settings options among service options for residential services through the following mechanisms:

- The PCP process, which was implemented on 10/1/2020 and includes the ADMH-DDD Individual Experience Assessment (IEA), and tool kit, require exploration of non-disability service options.
- Housing stabilization and remote support services were added to the ID and LAH Waivers to expand non-disability specific settings options. Housing Stabilization was

added to the ID Waiver in 2014 and to the LAH Waiver in 2015 at the time of the waivers' respective renewals. Remote support service was added to the ID Waiver in 2019 and to the LAH Waiver in 2020.

- The CWP was implemented on 10/1/2021 and focuses on non-disability specific residential settings. Individuals from the existing waivers will be offered the opportunity to transition to the CWP beginning approximately November 2023.

ADH Rate Revision: On January 1, 2022, the State significantly increased the ADH daily rate to increase program access as well as facilitate the ability of the ADH programs to expand their capacities for community integration. The State also added a separate transportation rate to enhance support for current programs and entice potential service providers. At the time this STP was issued, two new providers were in the process of obtaining approval to begin ADH services.

SECTION IV. SYSTEMIC ASSESSMENT OVERVIEW

Prior to the submission of the initial STP in March 2015, Operating Agencies reviewed relevant regulations, policies and procedures, at least at a high level, to ensure consistency with the HCBS Final Rule promulgated by CMS. Following CMS feedback and the issuance of expanded guidance to states as to the expectation for the assessment process, additional assessment activities were conducted. The Operating Agencies and AMA staff conducted a thorough examination of administrative code, policies, rules and regulations pertaining to the waivers to evaluate whether they were sufficient to ensure compliance with the Final Rule. A crosswalk was developed to identify each applicable administrative code, policy, rule and/or regulation that addressed each of the Final Rule requirements. The approved systemic assessment, which includes a detailed description of the systemic assessment process and related findings for each of the six waivers is available at the link in Appendix A, and an update of the related milestones can be found in Appendix C. Many of the milestones have been achieved, although some remain pending due to unforeseen circumstances. All milestones will be completed prior to the final compliance deadline in March 2023.

SECTION IV: SETTINGS ASSESSMENT

Pursuant to CMS guidance, this section provides summary information regarding the processes by which the State evaluated settings for compliance, including the identification of those that were presumed institutional, as well as those that the State determined overcame the presumption prior to July 1, 2021.

As described above, the State operates six HCBS Medicaid Waivers that are subject to transition planning. Four of the waiver programs serve individuals who would otherwise require a Nursing Facility (NF) level of care. These include the Elderly and Disabled (E&D) Waiver, the Alabama Community Transition (ACT) Waiver, the Technology Assisted (TA) Waiver and the State of Alabama Independent Living (SAIL) Waiver. The E&D and ACT Waivers are operated by the Alabama Department of Senior Services (ADSS), while the TA and SAIL Waivers are respectively operated by the Alabama Medicaid Agency (AMA) and the Alabama Department of Rehabilitation Services (ADRS). Two additional waiver programs serve individuals who would otherwise require an Intermediate Care Facility for Persons with Intellectual/Developmental Disabilities (ICF/IDD). These are the Intellectual Disabilities (ID) Waiver and the Living at Home (LAH) Waiver, both of which are operated by the Alabama Department of Mental Health-Developmental Disabilities Division (ADMH-DDD).

Almost all of the settings subject to the Final Rule are provided under the ICF/IDD waiver programs. For example, there are no provider owned or operated residential setting types for the four NF level of care waiver programs. Rather, services are delivered in the private dwellings of the waiver participants. However, in rare instances, some waiver services are provided to children living in an Alabama Department of Human Resources (DHR) foster home, typically on an interim basis, while either working toward family re-unification or as a prelude to adoption. These numbers are therefore variable but remain very small. Currently, there are five children who receive waiver services living in a non-relative DHR foster home. All of these children are participants in the E&D Waiver.

While two NF level of care waivers (E&D and ACT) include Adult Day Health (ADH) as an available service, there are only five currently active ADH programs in the State at this time, and together they serve only about 20 Medicaid waiver participants. In addition, most of these active programs temporarily suspended services for a period of time during the Public Health Emergency (PHE) and only recently re-opened.

At the time of this submission in February 2022, the ICF/IDD level of care waivers operate approximately 942 provider owned and operated settings. These setting types include the following:

ID Waiver	Setting Types
Provider-owned and controlled residential settings	<u>Certified Residential Facilities: 867</u> <u>*These include certified group homes and apartments; however, ADMH-DDD classifies all provider owned and controlled residential settings as Certified Residential Facilities (CRF).</u>
Provider-owned and controlled non-residential settings	<u>Day Habilitation (Facility-Based): 75*</u> <u>* All activities for the following are based out of Day Habilitation Facilities:</u> Community Experience (Community-Based) Community Day Hab (Community-Based) Prevocational Facility Based (Facility-Based) Prevocational Community Based (Community-Based)
LAH Waiver	Setting Types
Provider-owned and controlled non-residential settings *Note these settings are the same as the provider-owned and controlled non-residential settings are the same as those in the ID Waiver.	<u>Day Habilitation Programs (Facility-Based): 75*</u> <u>* All activities for the following are based out of Day Habilitation Facilities:</u> Community Experience (Community-Based) Community Day Habilitation (Community-Based) Prevocational Facility Based (Facility-Based) Prevocational Community Based (Community-Based)

ADMH-DDD classifies all provider owned and controlled residential settings where HCBS services are provided as Certified Residential Facilities (CRF), but these may vary in size from one individual to as many as 15. However, most frequently, a CRF serves two to three individuals. Regardless of size, all are subject to the certification and monitoring processes described in the STP. In addition, no waiver services are provided to individuals living in a DHR-licensed foster home at this time. If, in the future, services are provided in a DHR foster home, the foster home will be monitored as a provider owned and operated setting, consistent with all of the approved monitoring processes.

Day Habilitation Programs provide some pre-vocational services in a facility setting, but these are very limited in scope and size. At present, there are only three small sheltered workshops still open in the State. Otherwise, Day Habilitation Programs operate as a hub for community-based activities. ADMH-DDD also provides employment supports for individuals working in integrated community workplaces that are not provider operated or controlled, but are subject to meeting certain criteria when waiver supports are being offered:

- Settings must be in an integrated, non-disability-specific business, industry or community setting that meets all HCBS setting standards and does not isolate participants from others who do not have disabilities.
- Settings cannot be provider-owned, leased, or operated settings.

- Settings must be integrated in and support full access of participants to the greater community, including opportunities to learn about and seek individualized integrated employment, engage in community life, and control their earned income.
- Paid work under Supported Employment—Small Group Supports must be compensated at minimum wage or higher.
- Providers develop written agreements with businesses outlining expectations of the partnership, making sure everyone agrees with how services are delivered and expectations of meeting HCBS requirements. This can also include training from the provider agency to the host business and their employees.

For clarity, the following summary of State strategies and findings are presented separately for the NF and ICF/IDD level of care waiver programs.

Self-Assessment and Validation Strategies

As described above, through on-site monitoring, the State has confirmed that no settings fall into the Prong I or Prong II categories of settings that are presumed institutional. Therefore, the narrative below focuses on strategies the State has employed related to identifying settings that are presumed institutional due to isolating practices.

However, the process for determining whether a setting was in the Prong III category (i.e., due to having the effect of isolating individuals from the broader community) has been more challenging, complex and time-consuming. As CMS' interpretative guidance of the Final Rule has evolved since its original publication, and the State's understanding of the many implications has grown, the State has made succeeding modifications to the assessment and validation processes it has used to determine if a setting is in the Prong III category (i.e., having the effect of isolating individuals from the broader community). In addition, the COVID-19 Public Health Emergency (PHE) caused some delays and modifications for some of these review processes. These processes are described in greater detail below.

NF Level of Care

There are no provider owned or operated residential settings for the four NF level of care waivers. Rather, services are delivered in the private dwellings of the waiver participants. Each participant's choice of dwelling, chosen by the individual through a person-centered planning process, is verified through a site visit prior to enrollment by an assigned Case Manager. Changes in residence are to be reported monthly by waiver case managers and must be verified by a site visit.

None of the State's waivers under the STP include foster homes as a service type. However, as noted above, in rare instances, some waiver services are provided to children living in a Department of Human Resources (DHR) foster home, typically on an interim basis, while either working toward family re-unification or as a prelude to adoption. These numbers are therefore variable but remain very small. Currently, there are five children who receive waiver services living in a non-relative DHR foster home. All of these children are participants in the E&D waiver.

The State's STP submission for initial approval included an Addendum, labelled Appendix A, that described the process for evaluating foster homes at that time. The addendum noted that a total of 18 participants, all children, were being served in foster homes at that time. Case managers for these waivers were asked to complete a questionnaire regarding the home and community-based characteristics of the foster home for each waiver participant living in such a setting. Specifically, the case managers were asked to respond to a series of questions probing whether the foster care setting was operated in a manner that could be considered institutional in nature or otherwise isolated the child. The training/question and answer session held with lead case managers, as described above, was also used to prepare the case management agencies to facilitate accurate completion. The results of this survey process indicated none of the foster homes had the characteristics that were institutional or isolating in nature.

The State has since determined that, going forward, in addition to monthly case management monitoring, at least annually it will also utilize a version of the Individual Experience Survey (IEA) currently employed by ADMH-DDD as a protocol to ensure that case managers monitor non-relative foster home settings for full compliance with all the applicable Rule criteria. The State notes that since the participants in question are all minor children, the tool includes guidance to case managers about how to apply criteria, depending on the age of the child, (e.g., having a lease, lockable doors, employment). The tool and guidance may be viewed here: [Individual Experience Assessment Survey](#).

For the two NF level of care waivers (E&D and ACT) that include ADH as an available service, each site (100%) completed a provider self-assessment during the period from June 1, 2015, through June 19, 2015, using a tool developed by AMA staff and based on the Final Rule requirements. From July 14, 2015, through September 30, 2015, AMA staff made visits to 100% of the ADH sites to validate the results of the provider self-assessment. Of the five currently operating settings, the results of the provider self-assessment and validation visits indicated each was in compliance with the Final Rule requirements. However, as AMA staff continued to engage with the ADH providers through training and on-site visits in 2018 and 2019, it became clear that none of the ADH programs had sufficient policies, procedures or practices in place to sustain a finding that they did not isolate. Due to the constraints of the PHE, including the temporary closures of most of the five programs, as of July 1, 2021, the State has not been able to confirm these settings have fully remediated.

In the interim, the State modified its audit tool and processes to assess Final Rule compliance for ADH programs on an annual basis. Rather than repeating a self-assessment process, ADSS and AMA piloted the tool with the five existing ADH settings to examine their levels of compliance with the Final Rule requirements. The tool can be found on the AMA website at the following link:

[https://medicaid.alabama.gov/content/6.0 LTC Waivers/6.1 HCBS Waivers/6.1.8 Transition Plan.aspx](https://medicaid.alabama.gov/content/6.0_LTC_Waivers/6.1_HCBS_Waivers/6.1.8_Transition_Plan.aspx).

The audit tool questions and protocols are designed to evaluate policies and procedures, as well as the actual experience of the individuals attending the program. As such, it allows the State to assess the current level of compliance, identify areas of noncompliance that require remediation and offer opportunities for systemic and focused technical assistance.

ICF/IDD Level of Care: ADMH-DDD completed two rounds of self-assessment and validation. In October 2014, ADMH-DDD initiated a self-assessment and validation process for all of its residential and day habilitation providers.

All certified providers of day and residential services were provided information and training on how to complete the HCBS Checklist self-assessment tool via a webinar as well as a user guide and video, both of which were posted on the ADMH-DDD website. All assessments completed were entered by the providers into the Division's electronic case management and record system. All providers completed these assessments by October 30, 2014, and a total of 1,234 sites in operation as of March 17, 2014, were self-assessed.

This initial round of self-assessments was followed by a 100% validation, completed as a part of the annual or biennial certification visits to each provider. In 2015, ADMH-DDD incorporated Final Rule probes into its provider certification assessment tool, which was originally developed from The Council on Quality and Leadership's (CQL) Basic Assurances quality assessment. These probes were developed as a means of discovering and making rating decisions on information gathered.

After the first round of compliance validations, AMA and ADMH-DDD concluded that the revised certification tool and validation process did not adequately and correctly address all Final Rule requirements and therefore, was not sufficient for determining compliance. Therefore, this process was not used for initial compliance determination.

However, the certification tool allows Certification staff to review and provide additional validation of HCBS compliance during provider certification visits. As noted above, the

certification visits do not serve as a standalone process for determining ongoing setting compliance. Instead, these annual or bi-annual provider certification visits provide an additional validation of Regional Office Monitoring findings of HCBS compliance, which occur semi-annually and are the primary means for monitoring settings for HCBS compliance. Regional Certification staff and Regional Office Monitors are separate entities, therefore allowing for this secondary level of validation.

In December 2018, ADMH-DDD determined that more complete and specific information needed to be gathered to determine full Final Rule compliance. ADMH-DDD subsequently began developing more robust provider self-assessments, validation tools, and compliance assessment processes to not only identify noncompliant settings and those presumed institutional, but to further assist ADMH-DDD in working with providers and other stakeholders to better understand the Final Rule and craft providers' unique setting-specific transition to compliance plans, as appropriate. ADMH-DDD also conducted numerous trainings to staff, providers, and stakeholders on the Final Rule, assessments, and validations.

In January 2019, ADMH-DDD finalized separate HCBS settings self-assessment tools for residential and non-residential provider-owned settings (<https://mh.alabama.gov/hcbs-residential-setting-self-assessment/>), incorporating probes related to each HCBS requirement. ADMH-DDD also designed a provider transition to compliance plan (PTCP) template ([HCBS Settings Rule: Residential Setting-Specific Transition to Compliance Plan](#)) to identify setting-specific compliance issues, develop corresponding remediation activities with providers, and track providers' progress, facilitating collaboration between ADMH-DDD and providers on achieving full compliance. For the second round of self-assessment, between April 1, 2019, and April 30, 2019, all providers, including residential and non-residential, completed and submitted self-assessments for each of their settings as well as each service provided within their settings (e.g., prevocational services and day services) to ADMH-DDD Regional Offices through the ADMH-DDD's information system. Those who did not have access to the information system submitted a paper copy to their Regional Office. ADMH-DDD accepted only those self-assessments completed in full and required revisions and resubmissions when needed. The Division received self-assessments for all settings.

In addition, ADMH-DDD employed an Individual Experience Assessment (IEA) ([Individual Experience Assessment Survey](#)) to evaluate the individual's actual experience in the setting and factored this into the validation process. The IEA addresses:

- Community inclusion (interacting with people in the broader community, exploring work and volunteering)
- Person-centered plan documentation (job development and employment opportunities, non-disability residential settings, meaningful community settings, progress toward goals)

- Personal security and privacy (securing personal monies, lockable bedroom and key, key to the home, confidential information not secured in locked area)
- Choice (training regarding informed consent/decision making, choice of employees that work with a person, information on how to request additional services/accommodations, choice of non-disability specific setting for residential services)

Beginning May 1, 2019, ADMH-DDD Regional Office Monitors initiated on-site validations of provider self-assessments for all residential and non-residential provider settings. Both the residential and non-residential validation tools (available at the following link: <https://mh.alabama.gov/hcbs-residential-setting-validation-tools/>) included indicators related to every applicable Final Rule standard to determine if the setting was in full compliance with each. The tools also included probes to determine whether the setting had the effect of isolating or was presumed institutional. Additionally, ADMH-DDD Regional Office Monitors worked with the providers to arrange meetings and interviews with those receiving services as well as an employee of the provider agency with knowledge of the information required to complete the validation assessment during the on-site visit. A round of validation was completed for all applicable settings. On-site validations ended on 10/31/2020.

Staff documented compliance findings with each of the Final Rule standards, as applicable to the setting. The validation tools were then uploaded to the ADMH-DDD's information system (ADIDIS). Providers received notification that they could view the results of their validation assessment in ADIDIS or contact their Regional Office Monitors to obtain a copy of it. In total, ADMH-DDD staff completed validations of 100% of settings that were currently in operation. This number of settings varied significantly from the time of the 2014-2017 validation process, when 1,234 settings were assessed, due to a decreasing number of providers and settings that began in 2018 but accelerated due to the advent of the Public Health Emergency (PHE) in 2019 and 2020. By the time the State submitted the STP in February 2022, and identified compliance status for each setting, the number of providers had shrunk to 942.

After this round of validation reviews ended in 2020, ADMH-DDD concluded that none of the settings were in full compliance with the Rule. This conclusion was based on a presumption that all settings had one or more practices and/or characteristics that were isolating in nature, and that many also were not yet otherwise fully compliant with all of the requirements of the HCBS Final Rule. For clarification, the final assessment findings indicated the number of settings in each compliance category by setting type as defined by CMS were as follows:

For Certified Residential Settings (867):

Fully comply: 25

Do not comply but could with modifications: 842

Cannot comply: 0

Are presumed to have the qualities of an institution but for which the State will submit evidence for the application of heightened scrutiny: 251

For Day Habilitation Settings (75):

Fully comply: 49

Do not comply but could with modifications: 26

Cannot comply: 0

Are presumed to have the qualities of an institution but for which the State will submit evidence for the application of heightened scrutiny: 49

Settings Remediation

Below is a summary of how the settings will overcome the presumption of being institutional in nature as well as the State's plan for oversight of remediation to ensure compliance with the settings criteria by the end of the transition period.

NF Level of Care: The State submitted a list of five ADH settings for which it has not been able to confirm that they have overcome the presumption of being institutional. Due to the temporary closures of most of these settings and other constraints of the PHE, it has been impractical to complete a meaningful validation. However, as described above, the State is currently completing a pilot audit of each program that includes numerous probes to assess all aspects of the Final Rule requirements, as well as extensive protocols to ensure complete and accurate data are collected. The results of the audit will be evaluated to determine areas of specific noncompliance for each setting which, in turn, will be used to develop an action plan for coming into compliance. Due to the very small size of the ADH program, the State anticipates implementing an intensive setting-specific plan for each setting. In addition, the State will evaluate the aggregate findings to determine areas of systemic training and technical assistance. ADSS will monitor the implementation of the action plans until full compliance is achieved, and thereafter through the ongoing auditing and case management processes.

ICF/IDD Level of Care: Any level of noncompliance with any Final Rule standard prompted the development of specific remediation plans with the provider that were documented in a provider transition to compliance plan (PTCP). The template for this plan may be viewed at the following link:

In the validation assessment result notification sent to providers, providers received instructions on and timelines for completing their PTCs. All settings that required a setting-specific PTCP are not deemed fully compliant with the Final Rule until all remediation activities and action items described in the plan are fully implemented. This must occur no later than September 30, 2022, in order to allow AMDH-DDD staff adequate time to work with individuals and providers to initiate and complete the transition to another setting if a setting fails to come into compliance.

If a provider did not submit a PTCP or documentation requested to substantiate specific compliance for ADMH-DDD approval, ADMH-DDD mailed a certified letter informing the provider of the unresolved items and the need for additional substantiating information quarterly until June 30, 2022. After that date, ADMH-DDD will not provide any more notices to the provider; however, the provider will have until September 30, 2022, to come into compliance. All PTCPs were submitted by 9/30/19.

The following describes the process in more detail:

- ADMH-DDD initiated the PTCP process after Regional Monitors completed their on-site validation assessments. Regional Monitors emailed providers their specific PTCs, which were pre-populated with all validation assessment questions that were scored as partially, minimally, or noncompliant for the specific setting, along with instructions for completing the PTCP. The PTCP addresses each area requiring remediation, including specific remediation steps and timelines for completion. Specifically, the PTCP captures these items:
 - Setting and provider information, such as address and contact information;
 - Validation assessment question number and question scored as partially met, minimally met, or noncompliant;
 - Validation assessment finding indicating why the question was scored as partially met, minimally met, or noncompliant with the Final Rule;
 - The provider's remediation response to the findings, which includes the provider's selection from three to four remediation options provided by ADMH-DDD, or the provider's submission of an alternative remediation option for ADMH-DDD consideration and approval;
 - Remediation step(s) to be taken by the provider and approved by ADMH-DDD;
 - Target date for completion of each remediation step; and,
 - Regional Office comments on the proposed plan, including:

- The action/plan is approved – proceed with implementation.
 - The action/plan is approved with changes inserted in the plan by the Regional Office – proceed with implementation.
 - The plan cannot be approved as submitted; the provider must address specific issues in the plan and therefore, submit a revised plan for approval to the Regional Office Monitor, who will repeat the review and approval process.
- ADMH-DDD required providers to submit their completed PTCPs within 15 business days of the date of notice. Upon receipt, the Regional Monitor reviewed the PTCP to ensure that it adequately addressed all validation findings. ADMH-DDD responded to providers within 15 business days of PTCP submission, notifying them of either approval or the need to submit a revised plan. If revisions were required, providers had 10 working days to submit their revised plan for approval. Once the monitor deemed the PTCP complete, he or she notified the Community Service Director (CSD) or their designee that it was available for review. The PTCP was reviewed and approved within 7 business days of receipt of the completed plan. Due to the PHE, the process for approval of remediation plans was delayed. All PTCPs were approved by 5/20/21.
- Regional Office Monitors worked closely with providers during the PTCP development process to ensure agreement on needed compliance actions. Per agency policy, providers who did not submit their PTCPs within the specified timeframes or whose resubmissions were not accepted were required by the Regional Office to participate in assigned technical assistance pertinent to the identified area(s) of concern. These providers were given 30 days to complete the technical assistance and resubmit the PTCP.
- Regional Office Monitors are responsible for ensuring PTCPs are being implemented effectively during the transition period and continue to work with providers, as appropriate, to develop setting-specific PTCPs for all partially met, minimally met, and noncompliant Final Rule findings and monitor remediation progress. To facilitate this process, self-assessment results, validation results, and PTCPs are recorded in the Division’s information system. ADMH-DDD also requires providers to maintain and have available a hard copy of their setting-specific self-assessment (one for each HCBS service setting) and their PTCPs on-site for Regional Office review.
- Regional Office Monitors also continue to provide technical assistance as needed, as regional staff are the resource for providers on the Final Rule requirements as well as strategies to meet these requirements. This collaboration includes the following:
 - Regional Office Monitors make semi-annual visits to HCBS certified settings to review and ensure progress on the implementation of each setting specific PTCP.

This process continues to occur, with exception noted above for the period of March 2020 through February 2021, when the process was paused due to the pandemic.

- Regional Monitors update the setting-specific PTCP after each semi-annual monitoring visit to reflect the findings from each visit.
- Regional Monitors facilitate and coordinate technical assistance. Additionally, the monitors follow-up with providers to ensure that the technical assistance is meeting the provider's needs to come into compliance.
- Regional Offices meet with all Regional Monitors at least monthly to discuss the PTCPs, identify any providers demonstrating difficulty transitioning to compliance, highlight cross-provider trends, and identify technical assistance needs.
- Regional Offices provide monthly reports on the collected compliance data, including individual deficiencies and progress as documented in the PTCP, to the Director of Planning and Quality Enhancement for those settings whose PTCPs were reviewed during the monthly meeting with the monitors. The CSD or designee subsequently coordinates technical assistance with the provider and assigns ADMH-DDD staff to provide this.
- ADMH-DDD regional staff inform ADMH-DDD Central Office if any provider is struggling to meet the timelines or objectives approved in the setting specific PTCP.
- ADMH-DDD regional staff make ADMH-DDD Central Office and certification staff aware of any provider who demonstrates they do not intend to make all of the changes required for full compliance.
- Beginning in April 2021, ADMH-DDD, in conjunction with AMA, began a review and additional data analysis regarding those HCBS settings that may be isolating and subject to heightened scrutiny based on CMS revised guidance from March 22, 2019. AMA and ADMH-DDD agreed that, of the sixty-seven (67) questions in the validation tool, thirty-nine (39) questions and their subparts identify whether settings have the effect of isolating. ADMH-DDD regional staff reviewed each settings' validation findings for these specific questions, along with the settings' corresponding PTCP. Additionally, on-site monitoring visits were conducted to confirm settings' compliance statuses. From this analysis, ADMH-DDD determined that the most common areas of noncompliance that remain are: Employment, Community interaction, Transportation, Community integration and Access to personal funds. As a result of this analysis, ADMH-DDD started facilitating trainings in October 2021 that are focused on these topics. All providers are invited to attend, but attendance is mandatory for those who are deficient in one or more of these areas. ADMH-DDD is also contacting providers with these deficiencies to offer targeted individual technical assistance.

- Findings from the PTCP monitoring will also be aggregated into a monthly summary for review by the Regional Office Community Services Director and by Central Office Certification and Community Services staff. The review of aggregate data will inform Central and Regional Offices of provider engagement needs from a systemic perspective.

Validation and Remediation Outcomes

NF Level of Care: As of July1, 2021, the State identified that, for all five ADH settings, it was not yet able to confirm that they had overcome the presumption of being institutional or were otherwise fully compliant with all the requirements of the Final Rule. However, the State believes that all settings will achieve full remediation within the required timeframes. As described above, the State is in the process of developing an individualized action plan for remediation. Due to the very small size of the ADH program, this will take the form of an intensive setting-specific plan for each setting. ADSS and AMA will monitor the implementation of the action plans until full compliance is achieved, and thereafter through the ongoing auditing and case management processes.

In addition, the State evaluated the aggregate findings of the recent audits to determine areas of systemic training and technical assistance. ADSS and AMA identified the following systemic issues and are developing corresponding trainings and technical assistance to providers on the following:

- Developing a policy to address the requirement that the program is located in a setting that is not institutional (Of note, none of the existing settings are located in a Prong 1 or Prong 2 setting).
- Developing and/or expanding policies and procedures regarding person-centered planning, community access and integration. Topics include:
 - Activities offered (indoor and outdoor/group and individual).
 - Daily choices of planned therapeutic activities.
 - Choices of activities directed at maintaining, improving and preventing further deterioration of the clients’ mental and physical capabilities and abilities to exercise autonomy and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact
 - Opportunities and choices to access the community as appropriate to individual needs and interests, including information and/or referral to employment or volunteer opportunities.
 - Opportunities for group socialization that promote community integration.
- Developing a policy consistent with the waiver requirements that prohibits the use

of restrictive interventions and seclusion, and training staff on the policy and appropriate/allowable behavioral interventions, acceptance, and accommodations.

ICF/IDD Level of Care: The initial round of validation reviews by 2017 of 1,234 settings was completed, through the certification process. However, as described above in the section on Self-Assessment and Validation Strategies, at that time, ADMH-DDD identified deficiencies with the adequacy of the certification process as a measure of full compliance for all Rule criteria, and concluded these findings were not reliable.

Instead, ADMH-DDD concluded that all settings should be presumed institutional due to one or more practices and/or characteristics that were isolating in nature, and many were not yet otherwise fully compliant with all of the requirements of the HCBS Final Rule. ADMH-DDD immediately began remediation through the transition to compliance procedures described above. As of July 1, 2021, the State had identified 300 settings (251 residential settings and 49 non-residential settings), through the validation processes described above, that have not yet overcome the presumption that they are institutional in nature due to having isolating characteristics; however, the State believes that all settings will achieve full remediation within the required timeframes.

Based on the results of the provider self-assessment and validation process, ADMH-DDD identified the following systemic issues and provided corresponding trainings and technical assistance to providers via the DD Subcommittee, provider meetings, and the certification review process:

- Basic overview of the Final Rule with particular attention paid to community integration, reverse integration, and individual's personal property rights and choices;
- Lease agreements;
- Provision of keys to individuals' homes or units;
- Access to personal funds;
- Visitors;
- Food choices; and
- Access to the community.

Due to the size and complexity of the HCBS network for the ID and LAH Waivers, AMA met routinely with ADMH-DDD staff throughout the transition period, with a special focus on the validation and remediation processes, to scrutinize the efforts and call attention to any concerns with the processes and the resulting data. In just one example, Medicaid staff completed a lengthy review of self-assessment and validation documentation for a sizable sample of settings and compared its findings with those of ADMH-DDD staff. The twin goals of this exercise were to

ensure there was inter-rater agreement with ADMH-DDD staff and to make sure the final compliance data were reliable.

Heightened Scrutiny

Below, the State provides a summary of the processes it will undertake for settings that are subject to heightened scrutiny, based on the CMS guidance. The State also describes the evidence it will provide CMS for heightened review upon receipt of CMS's setting sample request. The full list of settings identified that the State believes can overcome the presumption that the settings are institutions (i.e., a setting that the State has identified as isolating), but have not yet fully remediated is provided in Appendix D. This list was submitted to CMS on October 29, 2021.

Through monitoring completed by waiver operating agency staff and/or case management staff, the State has confirmed that no waiver services are provided in Prong I or Prong II settings. Monitoring consisted of on-site observations of all applicable settings. (Note: in 2017, the State found that one ADH program was located in a building with a nursing facility, but that program is no longer in operation.) Therefore, all settings referenced in Appendix D fall into the Prong III category of having isolating characteristics, but the State believes all of these settings will be able to implement remediation strategies that result in overcoming the presumption of being institutional prior to the conclusion of the transition period.

NF Level of Care: The State submitted to CMS a list of five (5) ADH settings, identified through the validation processes described above, that have not yet overcome the presumption that they are institutional in nature due to having isolating characteristics. This number represents all of the current settings, all of which were in operation at the time the Final Rule was issued. However, the State believes that all of these settings will achieve full remediation within the required timeframes.

ICF/IDD Level of Care: The State submitted to CMS a list of 300 settings (251 residential settings and 49 non-residential settings), identified through the validation processes described above, that have not yet overcome the presumption that they are institutional in nature due to having isolating characteristics; however, the State believes that all of these settings will achieve full remediation within the required timeframes.

The following describes the process flow the State will implement when any of the settings is determined through ongoing validation monitoring to have overcome the presumption of being institutional.

NF Level of Care:

- AMA and ADSS will provide ongoing technical assistance to the five ADH programs, based on the individualized compliance plan generated from the recent audit.
- Through the ongoing monitoring paired with the technical assistance effort, AMA and ADSS will jointly determine when all requirements of the individualized compliance plan have been met.
- For any setting deemed to have overcome the presumption, ADSS and AMA will develop an evidentiary packet (see table entitled Heightened Scrutiny Evidentiary Packets below) and AMA will publish it for public comment as required by CMS.
- AMA will review the public comments and, if needed, work with ADSS to provide responses and/or additional evidence. Comments and responses will be incorporated into revisions to the evidentiary packet and, if needed, re-submitted for public comment.
- Taking into account the public comments, and any additional evidence provided, AMA will make the final determination as to whether the setting has overcome the presumption.
- Upon completion of the process, if AMA determines that a setting has not sufficiently overcome the presumption, it will develop a summary of outstanding areas of noncompliance and requirements that must be achieved. When AMA and ADSS determine that all the specified requirements have been met, the setting will be re-submitted for Heightened Scrutiny.
- For settings that CMS selects for a Heightened Scrutiny review, AMA will forward to that agency the evidentiary packet, including any related public comment and additional evidence.

ICF/IDD Level of Care:

- ADMH-DDD shall submit to AMA evidentiary packets (see table entitled Heightened Scrutiny Evidentiary Packets below) for settings it certifies as having overcome the presumption through its setting validation process, as described above.
- AMA will review the packets for required content and may request additional information based on that review. ADMH-DDD may re-submit packets after providing the needed information.
- Once a packet is considered to be complete, AMA will publish it for public comment as required by CMS.
- AMA will review the public comments and, if needed, request that ADMH-DDD provide responses and/or additional evidence. Comments and responses will be incorporated into revisions to the evidentiary packet and, if needed, re-submitted for public comment.
- Taking into account the public comments, and any additional evidence provided, AMA will make the final determination as to whether the setting has overcome the presumption.

- Upon completion of the process, if AMA determines that a setting has not overcome the presumption, it will provide ADMH-DDD with a summary of the outstanding areas of noncompliance and requirements that must be achieved. Once ADMH-DDD determines all specified requirements have been met, it may re-submit the setting for Heightened Scrutiny.
- For settings that CMS selects for a Heightened Scrutiny review, AMA will forward to that agency the evidentiary packet, including any related public comment and additional evidence.

HEIGHTENED SCRUTINY EVIDENTIARY PACKETS	
NF Level of Care (ADH)	ICF-Level of Care
<ul style="list-style-type: none"> • Setting name, address, and contact information • Demographics of setting, including location, certified maximum capacity, and average number of individuals served • Audit Report • Daily Activity Schedule • Provider transition to compliance plan • Redacted Individual Experience Assessments • Provider qualifications for direct support staff and training requirements • Provider policies and procedures related to the Final Rule • Aerial map of physical location and its proximity to institutional or other like settings as well as settings that do not receive Medicaid-funded HCBS • Description of opportunities for integrated activities in the community and degree of access a person has to their community, including documented examples • Redacted person-centered plan • Due process policy and procedure and redacted due process agreements related to any HCBS rule restriction 	<ul style="list-style-type: none"> • Setting name, address, and contact information • Demographics of setting, including location, certified maximum capacity, and average number of individuals served • Certificates and certification report (note: certification report is by provider, not per setting) • ADMH-DDD validation report • Provider transition to compliance plan • Redacted Individual Experience Assessments • Related training requirements for direct support staff • Provider policies and procedures related to the Final Rule • Aerial map of physical location and its proximity to institutional or other like settings as well as settings that do not receive Medicaid-funded HCBS • Access to public transportation and/or how transportation is provided • Description of opportunities for integrated activities in the community and degree of access a person has to their community, including documented examples • Redacted person-centered plan

HEIGHTENED SCRUTINY EVIDENTIARY PACKETS	
NF Level of Care (ADH)	ICF-Level of Care
	<ul style="list-style-type: none"> • Redacted behavior support plan • Due process policy and procedure and redacted due process agreements related to any HCBS rule restriction • Redacted tenant lease and/or room and board agreement for residential settings

Note: For ICF-Level of Care settings identified for heightened scrutiny, the PCPs for all individuals in a residential setting will be included in the evidence package. For non-residential settings, ADMH-DDD Regional Community Services Directors will select a representative sample of PCPs to include in the evidence package; however, for non-residential settings with 10 or less participants, all PCPs will be included in the package. Therefore, the representative sample will be 10% but no fewer than five PCPs for the non-residential settings that have more than 10 participants.

Based on CMS feedback on specific settings, the State will use the guidance, as needed, to revisit any of the State’s submitted findings, as well as to remediate any similarly situated settings that continue to have the qualities of an institution. This will include applying any modifications to the State’s settings compliance evaluation approach as needed. Additionally, the State will update validation tools, monitoring tools, and provider specific remediation plans, as appropriate.

SECTION V. ONGOING MONITORING AND ADDRESSING NONCOMPLIANCE

This section describes strategies the State will undertake to monitor and ensure ongoing compliance with the HCBS Final Rule requirements.

NF Level of Care: The State will undertake multiple strategies to monitor, support and ensure ongoing compliance, as summarized below:

Annual Auditing: As described above, the State has recently completed a pilot audit of each ADH program that included numerous probes to assess all aspects of the Final Rule requirements, as well as extensive protocols to ensure complete and accurate data are collected. Going forward, the audit tool will be used for monitoring ongoing compliance. While

the pilot audit was limited to a remote review due to the PHE, the audit will include interviews with participants to capture their experience. In addition, the State will routinely evaluate the aggregate findings of the annual audits to determine areas of systemic training and technical assistance. AMA will also complete annual oversight audits of a sample of ADH programs and case management agencies to ensure reliability of the results.

Case Management Monitoring: The State will also monitor ongoing compliance on a monthly basis through the case management processes, using a Case Management Home Visit Tool ([Case Management Home Visit Tool](#)), modified pursuant to the state's Systemic Assessment results. This tool will be used in all settings in which HCBS are provided, including private homes and foster homes.

To clarify, for all NF level of care waivers (ACT, E&D, TA and SAIL), a case manager completes a face-to-face home visit for every participant on a monthly basis and assesses for HCBS compliance at each visit. In response to this comment by CMS, AMA has worked with both Operating Agencies to ensure that their Case Management Home Visit Tools include all settings criteria, other than those that are only applicable to provider owned or controlled settings, and to augment the tools with written guidance to ensure a consistent and thorough process is implemented. For the ACT, E&D and TA waivers, operated by the Alabama Department of Senior Services (ADSS), the monitoring tool has been revised to 1) confirm the type of setting qualifies as a private home or identify it as a none-relative foster home; 2) to asterisk each of the HCBS compliance questions and 3) to require comments describing the criteria and probes the case manager relied upon to make a compliance determination. This tool also now includes a cover sheet with guidance and specific probes for each of the HCBS criteria. For the SAIL waiver, the Alabama Department of Rehabilitation Services (ADRS) will obtain the same information, using the same guidance for interviews and observations, but will employ a separate addendum to document the results. The referenced tools and guidance may be viewed here: [Case Management Home Visit Tool](#).

As described above, in addition to monthly case management monitoring, at least annually, the State will also utilize a version of the Individual Experience Survey (IEA) currently employed by ADMH-DDD as a protocol to ensure that case managers monitor non-relative foster home settings for full compliance with all the applicable Rule criteria. The State notes that since the participants in question are all minor children, the tool includes guidance to case managers about how to apply criteria, depending on the age of the child (e.g., having a lease, lockable doors, employment). The tool and guidance may be viewed here: [Individual Experience Assessment Survey](#).

ICF/IDD Level of Care: The State will undertake multiple strategies to monitor, support and ensure ongoing compliance, as summarized below:

Monitoring: Regional Office Monitors are responsible for continuing to ensure provider compliance with the Final Rule after ADMH-DDD determines that the setting is compliant, or

will achieve compliance, by February 28, 2023, and will continue to incorporate HCBS settings compliance in their regularly scheduled biannual monitoring of settings. The monitoring tool, which is used for both residential and day habilitation programs, has a dedicated section for the monitor to review HCBS compliance. This section includes the review of the validation assessment and the provider's PTCP progress as well as freedom from coercion and restraint, community integration, and all other integral components of the Final Rule. A Corrective Action Plan will be required as a result of non-compliance discovered during routine monitoring. Should the provider not remediate, the provider will be placed in a 'provisional' status. The HCBS decertification process will be instituted if ADMH-DDD determines no remediation is possible.

Additionally, after the March 2023 compliance deadline, ADMH-DDD Central Office will perform validity reviews of this process by selecting a sample of Regional Office monitoring reports and reviewing the validation section two times per year to ensure continuous consistency of compliance across Alabama. The sample size will be 10% and representative of all five regions.

Certification: Regional Certification staff will also be responsible for continuing to ensure provider compliance with the Final Rule. The scoring methodology will incorporate the addition of monitoring performance indicators that help to ensure full compliance with the Final Rule and person-centered planning. The certification tool allows Certification staff to review and provide additional validation of HCBS compliance during provider certification visits. As noted above, this does not serve as a standalone process for determining ongoing setting compliance. Instead, these annual or bi-annual provider certification visits provide an additional validation of Regional Office Monitoring findings of HCBS compliance, which occur semi-annually and are the primary means for monitoring settings for HCBS compliance. Regional Certification staff and Regional Office Monitors are separate entities, therefore allowing for this secondary level of validation.

Under the existing certification process, provider agencies are certified initially and either annually or biennially, or placed on provisional status, depending on their survey score. A high score of 90-100 will result in a two-year certificate; a score between 80 and 89 will result in a one-year certificate; and a score below 80 will result in the agency being placed on provisional status. Provisional status is a temporary condition which allows an agency to submit a plan of correction and, when approved, implement that plan. Provisional status may not exceed 60 days, and many such status conditions are set at 30 days or less. At the end of that period, a re-survey is conducted, with the expectation that the agency will at least score high enough to give them a one-year certificate. However, should the agency score less than 80 on the re-survey, the certification unit may recommend a second provisional status, which also may not exceed

60 days in length. During the provisional process, the Regional Office and Advocacy Section of ADMH will provide increased monitoring and technical assistance in an effort to bring the provider back into compliance. If the provider does not achieve a score of 80, a notice is submitted to the ADMH Commissioner requesting decertification of the provider.

Currently, citations relating to the Final Rule that are included in certification reports must be included in the Plan of Action (POA), but no points are deducted from the overall score. However, beginning August 1, 2022, settings must meet 100% of all Final Rule criteria during certification with the expectation that the organizations' systems and practices are fully compliant. Settings that fail to meet this standard will be placed on provisional certification status for up to 60 days, and a POA to address the rules cited must be submitted within 30 days. Failure to submit the POA within the time specified may result in the immediate decertification. Prior to the expiration of provisional certification status, the setting will undergo a follow-up site certification review to determine future certification status. During the provisional process, the Regional Office and Advocacy Section of ADMH will provide increased monitoring and technical assistance in an effort to bring the provider back into compliance. If the provider does not achieve 100% compliance with all the Final Rule requirements, as designated in the certification tool, a notice will be submitted to the ADMH Commissioner requesting decertification of the provider.

Individual Experience Assessment: ADMH-DDD will incorporate the IEA, as described above, into all initial and annual person-centered plan reviews. The IEA will be used by Support Coordinators for ongoing monitoring of beneficiary feedback on the Final Rule.

Each individual's Support Coordinator will assist the individual and his or her family member or representative, as appropriate, in completing an initial IEA. Service provider staff may participate as requested by the individual and his or her family member or representative.

- Such assessments will be conducted during the individual's annual person-centered plan review and throughout the HCBS evaluation period, or sooner if an amendment or person-centered plan review is conducted prior to the individual's annual redetermination review.
- For provider owned or controlled residential settings, any proposed modification of requirements set forth in the Final Rule for the individual shall be reviewed to confirm that:
 1. There is a specific individualized assessed need for such modifications;
 2. Prior interventions and supports, including less intrusive methods, have been tried and demonstrated to be unsuccessful;
 3. The proposed modification is appropriate based on the specific need identified; and
 4. The proposed modification, including interventions and support, will not cause harm to the individual.

5. Each of the above items shall be documented in the person-centered plan, along with:
 - i. The method of collecting data on an ongoing basis to measure the effectiveness of the modification;
 - ii. A specific time limit for periodic review of the data and the effectiveness of the modification to ensure it continues to be appropriate; and
 - iii. Individual's informed consent of the proposed modification.
6. If a modification to the Final Rule is determined to be inappropriate based on the person's individualized needs and in accordance with the requirements above, the area identified as noncompliant will trigger a new assessment of the provider, as applicable, and a PTCP will be developed by the provider to address any issues of noncompliance and submitted to the Regional Office for review, approval, and monitoring of implementation.

Person-centered Planning: ADMH-DDD will also utilize its recently implemented person-centered planning process to monitor specific elements of the Final Rule, as described above in Section I. The standardized process for person-centered planning places much emphasis on independence, natural supports, community supports and paid supports to ensure community integrated activities – where and with whom people live, work and recreate. ADMH-DDD has mandated the use of the process and toolkit by Support Coordinators statewide to address barriers to person-centered planning. Lack of a formal, mandated person-centered planning process was identified as a systemic barrier to person-centered planning.

Stakeholder Engagement and Agency Partnership: ADMH-DDD will continue to work with stakeholders, providers, and AMA to ensure ongoing Final Rule compliance via the following activities:

- ADMH-DDD will continue its participation in the National Core Indicators for Individuals with I/DD and will use information from the surveys to target educational opportunities about HCBS
- ADMH-DDD will provide ongoing stakeholder communications via email, including HCBS education and advocacy materials. ADMH-DDD will also share and maintain HCBS documents on its website and utilize the following email address for HCBS-related inquiries: ADMH-DDD.questions@mh.alabama.gov.
- ADMH-DDD will continue to report on HCBS progress and compliance data as a regular agenda item of the DDD Subcommittee and regional provider meetings.
- ADMH-DDD will continue supporting providers who wish to transition their business model from congregate and segregated settings to full integration into the community as described further in Section I above.
- ADMH-DDD will provide ongoing targeted training to staff, providers, and other

stakeholders identified through stakeholder engagement, waiver data, and quality enhancement tracking, as appropriate. Training topics will include, but not be limited to, person-centered planning, employment, housing, and community integration.

- ADMH-DDD will continue meeting regularly with AMA to review provider compliance statuses, the transition of waiver participants from noncompliant provider settings, if applicable, and other concerns relating to compliance, as appropriate.

Actions to Be Taken for Compliant and Noncompliant Providers:

NF Level of Care: ADSS and AMA will monitor the implementation of the individualized remediation plan for each ADH to ensure all remediation is completed within the required timeframes. Beginning in October 2022, ADSS and AMA will evaluate, on a monthly basis, whether any ADH settings are at substantial risk of failing to come into compliance by March 2023. If so, in addition to increased technical assistance to the ADH program, AMA and ADSS will alert the participants, appropriate family members/guardians and the assigned case manager to begin a person-centered planning process to consider and plan for the possible alternatives. Given the small number of such programs currently operating in the State, it might be necessary to explore other options. At a minimum, this will include non-disability specific settings. The case manager will work with the individual and family to examine all the available options and develop an alternative plan no later than December 31, 2022. ADSS and AMA will provide ongoing monthly updates to the case managers with regard to the compliance status of the applicable ADH program.

At this time, AMA expects all settings to come into compliance by September 30, 2022, and therefore, the State does not anticipate transitioning any individuals due to noncompliance with the HCBS Final Rule. However, in the event this becomes necessary, ADSS and AMA will begin transitioning individuals in settings determined to be unable or unwilling to come into compliance beginning in January 2023, pursuant to the person-centered alternative plan.

ICF/IDD Level of Care: ADMH-DDD will monitor the implementation of each PTCP to ensure all remediation is completed within the required timeframes. ADMH-DDD will make final compliance determinations as early as April 1, 2022, and no later than September 30, 2022, to allow sufficient time to transition stakeholders as needed by February 28, 2023. Upon determination by ADMH-DDD Regional Office staff that a provider has completed all requirements for remediation per the provider's approved setting-specific PTCP, ADMH-DDD Regional Office staff will notify the provider of the compliance determination by letter and provide a copy to ADMH-DDD certification staff.

As described above, ADMH-DDD expects all settings to come into compliance by March 2023; however, at the time of submission, the Division had identified six providers that appeared to be most-at-risk of not coming into compliance, which would impact 87 individuals. This number may vary as monitoring of settings continues. The Division has a process in place in the event that a setting fails to achieve all compliance milestones. For settings determined not fully compliant by September 30, 2022, certification staff will validate the monitor's findings by completing ADMH-DDD's Certification Supplemental Assessment tool, which addresses all HCBS Final Rule elements. If the certification staff's review is not in agreement with the monitor's findings, certification and monitoring staff will jointly review the findings and supporting documentation to make a final decision. Certification staff will then present this information to the Associate Commissioner, who will issue a final determination on whether the setting fully complies with the HCBS Final Rule. For those settings that certification and monitoring staff deem noncompliant, certification will also submit to the Associate Commissioner all supporting documentation demonstrating noncompliance and a recommendation to move forward with transitioning individuals to a compliant setting, including a timeline for transition.

ADMH-DDD will notify AMA of all settings deemed noncompliant and mail a letter from ADMH's Commissioner to those providers informing them of the Division's final determination. For any setting where the operating provider does not complete all required remediation, or for any setting that cannot, even with remediation, overcome the presumption that the setting is institutional in nature, ADMH-DDD will work with the provider, individuals served in the setting, and others as appropriate to determine a transition strategy to a compliant setting by February 28, 2023. The transition process, including notification to providers and individuals served, is described in more detail below.

Facilitation of Choice Process: If a provider cannot or refuses to come into compliance, ADMH-DDD will implement the following processes to notify the provider and individuals served as

well as transition individuals served from the non-compliant setting to a setting that meets all HCBS Final Rule requirements.

- ADMH-DDD will ensure that reasonable notice and due process are provided to anyone needing to transition. Individuals served that need to transition will receive at least a 30-day advance notice.
- ADMH-DDD will submit a request to revoke the setting's HCBS waiver setting certificate to the ADMH Commissioner based on the provider's failure to comply with Final Rule requirements.
- ADMH-DDD will notify the provider of the loss of eligibility to receive HCBS waiver funding for the setting.
 - ADMH-DDD will mail a formal notification letter from the ADMH Commissioner to the provider that outlines the specific reason(s) for transition, due process procedure, and timeline of events.
 - i. The letter will serve as formal notification indicating the intent to transition the person(s) supported.
 - ii. The provider will be directed to participate with ADMH-DDD, contracted entities, advocates, and other agencies, as applicable, in activities related to the transition of the person. This includes, but is not limited to, participating in planning meetings, ongoing provision of information, transfer of individual's personal property (to include monies and medications), and other activities as directed.
 - iii. Notifications to the person supported and the provider will be sent simultaneously to ensure both parties are aware of the need to transition at the same time.
- ADMH-DDD will notify individuals served in the noncompliant setting.
 - ADMH-DDD will mail a formal notification letter from the ADMH Commissioner to the person and, if applicable, his or her caregiver, guardian, or conservator, that outlines the specific reason(s) for the transition of individuals who desire to continue to receive HCBS waiver funded services, the due process procedure, and timeline of anticipated events. This letter will be available to the person and, if applicable, his or her caregiver, guardian, or conservator, no less than 30 days prior to transition.
 - i. The letter will serve as formal notification indicating the intent to transition the person(s) supported.
 - ii. Notifications to the person supported and the provider will be sent simultaneously to ensure both parties are aware of the need to transition at the same time.
 - Upon determining the need to transition a person as indicated by the ADMH

Commissioner's letter, the individual's designated Support Coordinator will make a face-to-face visit to the person and, if applicable, his or her caregiver, guardian, or conservator, to discuss the specific reason(s) for the need to transition the person and to officially begin the transition process.

- i. The face-to-face meeting will include those important to the person, including caregivers, family members, friends, and anyone else the person deems important. This face-to-face meeting will reflect everyone's sincere desire to ensure continuity of services while meeting the person's needs during this transition process.
- The Regional Office Placement Coordinator will assist the individual's Support Coordinator agency in ensuring that the person is given ample opportunity to learn about available HCBS compliant settings and support the individual's choice of a compliant setting.
 - The person will be afforded the opportunity to select from non-disability specific settings and select their housemates, if applicable.
 - Supports will be provided to the person to assist in transition choice, and the caregiver's schedule will be accommodated to support the person in making an informed decision about an alternate compliant setting.
 - The Regional Office Placement Coordinator will assist the individual's Support Coordinator to research all possible, appropriate settings for this person to choose from.
 - Once a new provider has been selected, a person-centered planning meeting will take place to define the timelines for transition as well as specific supports and services needed in order to make a safe transition. As needed, additional time will be built into the transition plan to ensure safety, continuity of services, and that all support and services will be in place prior to the person's transition to the new provider.
 - The ADMH-DDD Regional Office Placement Coordinator will assist the individual's Support Coordinator to ensure that all supports and services are in place prior to the person's transition to the new provider. This will be done through an on-site visit prior to the person transitioning and will include, at a minimum, the person, caregiver, guardian, or conservator (if applicable), the individual's Support Coordinator, an advocate, and the new provider. Any modifications or changes identified during the on-site visit as necessary for the person's health, safety, or welfare will be addressed prior to the transition as confirmed by the individual's Support Coordinator.
 - After the transition has occurred, the individual's Support Coordinator will conduct the first three (3) consecutive monthly contacts face-to-face.
 - ADMH-DDD will provide AMA transition updates on at least a quarterly basis.
 - ADMH-DDD will evaluate provider capacity needs in June 2022 based on the Division's projected number of anticipated settings not in compliance.

ADMH-DDD will begin the transition process for individuals in settings determined unable or unwilling to come into compliance by September 30, 2022. This date allows ADMH-DDD to ensure the individual has been provided sufficient opportunity to explore and select from other setting options prior to February 28, 2023. At this time, ADMH-DDD expects all settings to come into compliance by September 30, 2022, and therefore, the State does not anticipate transitioning any individuals due to noncompliance with the HCBS Final Rule.

APPENDICES

APPENDIX A: STP Initial Approval

Alabama Statewide Transition Plan Systemic Assessment

APPENDIX B: Public Comment

[Alabama Statewide Transition Plan Public Comment Summary and State Response](#)

Previous Public Comment

[Statewide Transition Plan Public Comments \(2015\)](#)

[Statewide Transition Plan Public Comments \(2016\)](#)

[Public Comments for Home and Community-Based Settings Final Rule - September 30, 2021](#)

APPENDIX C: Systemic Assessment Milestones Update Chart

Milestone	Description	Proposed End Date	STP Page No.
Systemic Assessment and Remediation			
Completion of systemic assessment <i>[The date of overall completion of the systemic assessment, including review of all rules, regulations, and statutes]</i>	Systemic Assessment refers to the state’s assessment of the extent to which its regulations, standards, policies, licensing requirements, and other provider requirements ensure settings are in compliance. States must review state standards related to all setting types in which HCBS is provided. Examples of documents in which state standards are likely to be found include Statutes, Licensing/certification regulations, waiver documents and regulations, guidelines, policy and procedure manuals.	Completed 1/19/2017	Page 43, Initial Approval Document (Appendix A)
Complete modifying rules and regulations, including provider manuals, inspection manuals, procedures, laws, qualification criteria, etc.	The state will complete the process of publishing the updated rules, surveys and provider manuals. The details of the updates can be found in the Crosswalk of the state’s 10/21/2016 STP.	3/17/2023	Appendix C Submission for Final Approval 2/28/22

<p>Effective date of new rules and regulations: 50% complete</p> <p><i>[The date when at least 50% of all rules, regulations, and statutes identified through the assessment will be implemented. Please specify which rules, regulations, and statutes in the description]</i></p>	<p>NF LOC: SAIL Waiver:</p> <ul style="list-style-type: none"> • Revised SAIL Waiver Policy and Procedure Manual (10/1/2016) • Provided training to case management staff (2/1/2017) <p>E&D, ACT and TA Waivers:</p> <ul style="list-style-type: none"> • A new ADSS Medicaid Waiver Programs Policy and Procedure Guide was promulgated to replace and expand upon the ADSS Medicaid Waivers Case Management Guide, Assessment Forms and Home Visit Tool and to incorporate revisions to ensure compliance with all HCBS settings requirements. Initial changes to the Guide were finalized and published (January 2017) • Initial training regarding settings rule completed (March 2017) • Person Centered Training for all state staff and case managers completed (June 2018) • Training for Adult Day Health Providers completed (August 2018) <p>After these milestone were met, the State found it necessary to make additional language and tool revisions. in 2018, Medicaid amended the Elderly and Disabled Waiver and the ACT Waiver Program in Oct. 2018 to include a 1915(b) option for a PCCM entity (the Integrated Care Network) to assist with management of Long Term Services and</p>	<p>Completed by 12/31/2019</p>	<p>Page 43 Initial Approval Document (Appendix A; pages 71 – 340)</p>
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	<p>Supports in Alabama. Additional review of policies and procedures has been ongoing. All work was temporarily on hold during the 2020 Public Health Emergency for COVID. At time of this submission Policy and Procedure Committees were performing final review and approval of all revisions, with completion of and release of the revised manual projected for March 2022 and education regarding changes projected for June 2022.</p> <p><i>At the time of this update on 12/16/2022, all changes had been made to the policies and procedures for ADH programs and all staff and providers was completed in June 2022.</i></p> <p>(3/17/2023)</p> <p>AMA updated the following Medicaid Administrative Rule, to reflect all HCBS requirements:</p> <p>Rule No.560-X-44: ACT Waiver (6/25/2018)</p> <p>ICF LOC:</p> <ul style="list-style-type: none"> • Updated the following to Administrative Rules to reflect all HCBS requirements (8/26/2019): <ul style="list-style-type: none"> ○ Chapter 580-5-33, Rule No. 580-5-33-.04 ○ Chapter 580-5-33, Rule No. 580-5-33-.04.7(f) ○ Chapter 580-5-33, Rule No. 580-5-33-.05 ○ Chapter 580-5-33, Rule No. 580-5-33-.09 ○ Chapter 580-5-33, Rule No. 580-5-33-.10 ○ Chapter 580-5-33, Rule No. 580-5-33-.11 ○ Chapter 580-5-33, Rule No. 580-5-33-.12 ○ Chapter 580-5-33-.04 		
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Milestone	Description	Proposed End Date	STP Page No.
	<ul style="list-style-type: none"> Revised the Assessment Tool for Basic Assurances, adding probes specific to all HCBS requirements (7/31/2017). Provided training to all involved stakeholders on revised Assessment Tool for Basic Assurances (6/30/2017). Revised the Provider Certification and Guidance Manual to address certification processes, HCBS factors and indicators and to state that probes and questions should specifically address whether setting options included disability-specific settings (9/30/2017). 		
<p>Effective date of new rules and regulations: 100% complete</p> <p><i>[The date when all rules, regulations, and statutes (100%) identified through the assessment will be implemented. Please specify which rules, regulations, and statutes in the description]</i></p>	<p>Still pending are the following Medicaid Administrative Rules for NF LOC waivers, but are due to be completed by March 17, 2023:</p> <p>Rule No. 560-X-36: E&D Waiver Rule No. 560-X-54: TA Waiver Rule No. 560-X-57: SAIL Waiver</p> <p>These will address all requirements of the HCBS Rule</p> <p>In addition, the State will confirm that any additional changes that occur in the ADSS Medicaid Waiver Programs Policy and Procedure Guide related to the implementation of the Integrated Care Network are fully compliant with all HCBS requirements</p>	3/17/2023	Page 46 (Initial Approval Document)
Site-specific Assessments			

Milestone	Description	Proposed End Date	STP Page No.
Completion of site-specific assessment <i>[The date of overall completion of the site-specific assessment, including review of all settings and the validation of assessment results.]</i>	Adult Day Health: Conducted site visits to 100% of settings to validate provider self-assessment findings.	9/30/2020	
	Adult Day Health: Modified and implemented audit tool and processes to assess Final Rule compliance for ADH programs on an annual basis.	1/14/2022	
	I/DD Residential and Non-Residential Settings: Conducted site-specific assessments, including interviews with individuals served and providers	10/31/2020	
Incorporate results of settings analysis into final version of the STP and release for public comment	All Waivers	9/30/2021	
Submit final STP to CMS	The State submitted the final STP on 2/28/2021, including a lengthy response to public comment with additional actions to be incorporated by reference	2/28/2021 Note: updated 7/29/2022 and 12/16/2022	
Site-specific Remediationⁱ			
Completion of residential provider remediation: 25% <i>[The date when approximately 25% of residential providers have completed the necessary remediation (of those providers that require remediation). Please provide additional details on settings in the description.]</i>	I/DD Residential Settings: As of 7/1/2021, only 3% (25/867) of residential settings had fully remediated. ADMH-DDD will continue remediation activities with providers as identified and as necessary and will continue to complete monitoring to assess remediation status. <i>Note: CMS issued the Recalibrated Strategy after the submission of the STP. This will likely impact many of these originally projected dates, particularly if a CAP is approved.</i>	Pending	

Milestone	Description	Proposed End Date	STP Page No.
Completion of residential provider remediation: 50% <i>[The date when approximately 50% of residential providers have completed the necessary remediation (of those providers that require remediation). Please provide additional details on settings in the description.]</i>	See above.	Pending	
Completion of residential provider remediation: 75% <i>[The date when approximately 75% of residential providers have completed the necessary remediation (of those providers that require remediation). Please provide additional details on settings in the description.]</i>	See above.	Pending	
Completion of residential provider remediation: 100% <i>[The date when all residential providers have completed the necessary remediation (of those providers that require remediation). Please provide additional details on settings in the description.]</i>	See above.	Pending	
Completion of nonresidential provider remediation: 25% <i>[The date when approximately 25% of nonresidential providers have completed the</i>	Adult Day Health: Focus continued to be placed on key waiver provisions such as community integration and access.	1/31/23	

Milestone	Description	Proposed End Date	STP Page No.
<p><i>necessary remediation (of those providers that require remediation). Please provide additional details on settings in the description.]</i></p>	<p>I/DD Nonresidential Settings: As of 7/21/2021, the State projected that approximately 65% (49/75) of nonresidential settings had remediated.</p> <p>ADMH-DDD will continue remediation activities with providers as identified and as necessary, and will continue to complete monitoring to assess remediation status.</p> <p><i>Note: CMS issued the Recalibrated Strategy after the submission of the STP. This will likely impact many of these originally projected dates, particularly if a CAP is approved.</i></p>	Pending	
<p>Completion of nonresidential provider remediation: 50%</p> <p><i>[The date when approximately 50% of nonresidential providers have completed the necessary remediation (of those providers that require remediation). Please provide additional details on settings in the description.]</i></p>	<p>Adult Day Health: AMA and ADSS continue remediation activities with providers as identified and as necessary.</p>	1/31/2023	
	<p>I/DD Non-Residential Settings: See above</p>	Pending	
<p>Completion of nonresidential provider remediation: 75%</p> <p><i>[The date when approximately 75% of nonresidential providers have completed the necessary remediation (of those providers that require remediation). Please provide additional details on settings in the description.]</i></p>	<p>Adult Day Health: AMA and ADSS continued to remediation activities with providers as identified and as necessary.</p>	1/31/2023	
	<p>I/DD Non-Residential Settings: See above</p>	Pending	

Milestone	Description	Proposed End Date	STP Page No.
<p>Completion of nonresidential provider remediation: 100%</p> <p><i>[The date when all nonresidential providers have completed the necessary remediation (of those providers that require remediation). Please provide additional details on settings in the description.]</i></p>	<p>Adult Day Health: All providers are advised that this is an on-going process, and that the annual ADH audit process incorporates a compliance assessment for all HCBS requirements.</p>	3/17/2023	
	<p>I/DD Non-Residential Settings: See above</p>	3/17/2022	
<p>Identification of settings that will not remain in the HCBS System</p> <p><i>[The date those settings that are considered institutional or are not willing to remediate will be identified for removal from the HCBS System]</i></p>	<p>Adult Day Health: ADSS will continue to engage and remediate with any setting willing to meet/comply with HCBS criteria in order to offer as many options as possible for individuals interested in the community. However, the State anticipates that all ADH settings will fully comply by 3/17/2023.</p>	3/17/2023	
	<p>I/DD Residential and Non-Residential Settings: ADMH-DDD will continue to engage and remediate with any setting willing to meet/comply with HCBS criteria in order to offer as many options as possible for individuals interested in the community.</p> <p><i>Note: CMS issued the Recalibrated Strategy after the submission of the STP. This will likely impact many of these originally projected dates, particularly if a CAP is approved.</i></p>	2/28/2023	
Heightened Scrutinyⁱⁱ			

Milestone	Description	Proposed End Date	STP Page No.
Identification of settings that overcome the presumption and will be submitted for heightened scrutiny and notification to provider	On 9/30/2021, the State posted a public comment request for the State’s identification of settings with characteristics that are presumed to be institutional in nature, but have overcome the presumption, or are expected to do so prior to the end of the transition period in March 2023.	9/30/2021	
Complete gathering information and evidence on settings requiring heightened scrutiny that it will present to CMS	After review of public comment, the State completed a review of a sample of settings. As a result, and as described in the Alabama Statewide Transition Plan Public Comment Summary and State Response, dated 7/29/2022, the State developed a process for continuing to re-examine settings that might require heightened scrutiny, projected to be concluded on 9/30/2022. This was incorporated into the STP by reference.	9/30/2022	Page 4-5 The Alabama Statewide Transition Plan Public Comment Summary and State Response
Incorporate list of settings requiring heightened scrutiny with information and evidence referenced above into the final version of STP and release for public comment	<p>The final version of the STP, dated 2/28/2022, with the list of settings, along with the Alabama Statewide Transition Plan Public Comment Summary and State Response, dated 7/29/2022.</p> <p><i>Note: CMS issued the Recalibrated Strategy after the submission of the STP. This will likely impact many of these originally projected dates, particularly if a CAP is approved.</i></p>	3/7/2023	Page 4-5 The Alabama Statewide Transition Plan Public Comment Summary and State Response

Milestone	Description	Proposed End Date	STP Page No.
Submit Heightened Scrutiny information to CMS for review	<p>Additional public comment will be solicited as Prong 3 settings are determined to have remediated.</p> <p><i>Note: CMS issued the Recalibrated Strategy after the submission of the STP. This will likely impact many of these originally projected dates, particularly if a CAP is approved</i></p>	3/7/2023	Page 4-5 The Alabama Statewide Transition Plan Public Comment Summary and State Response
Non-Compliant Settings			
<p>Complete notifying member, guardians, case managers, facility support staff and any other identified responsible parties that the setting is not in compliance with HCBS settings requirements and that resolution or alternate funding sources need to be considered: 25% <i>[The date when approximately 25% of members, guardians, case managers, etc. in non-compliant settings have been notified that relocation or alternative funding is required.]</i></p>	<p>The STP projects that ADMH-DDD will begin to notify noncompliant settings and all those impacted by 9/30/2022.</p> <p>The entire process of transitioning impacted individuals was described in the STP submitted on 2/28/2022 in the sections entitled <i>Actions to Be Taken for Compliant and Noncompliant Providers</i> (beginning on page 36) and <i>Facilitation of Choice Process</i> (beginning on page 37).</p> <p><i>Note: CMS issued the Recalibrated Strategy after the submission of the STP. This will likely impact many of these originally projected dates, particularly if a CAP is approved.</i></p>	9/30/2022	Pages 36-39 of STP dated 2/28/2022

Milestone	Description	Proposed End Date	STP Page No.
Complete notifying member, guardians, case managers, facility support staff and any other identified responsible parties that the setting is not in compliance with HCBS settings requirements and that resolution or alternate funding sources need to be considered: 50% <i>[The date when approximately 50% of members, guardians, case managers, etc. in non-compliant settings have been notified that relocation or alternative funding is required.]</i>	See above	11/30/2022	
Complete notifying member, guardians, case managers, facility support staff and any other identified responsible parties that the setting is not in compliance with HCBS settings requirements and that resolution or alternate funding sources need to be considered: 75% <i>[The date when approximately 75% of members, guardians, case managers, etc. in non-compliant settings have been notified that relocation or alternative funding is required.]</i>	See above	12/31/2022	

Milestone	Description	Proposed End Date	STP Page No.
Complete notifying member, guardians, case managers, facility support staff and any other identified responsible parties that the setting is not in compliance with HCBS settings requirements and that resolution or alternate funding sources need to be considered: 100% <i>[The date when all members, guardians, case managers, etc. in non-compliant settings have been notified that relocation or alternative funding is required.]</i>	See above.	1/31/2023	
Complete beneficiary relocation or alternative funding across providers: 25% <i>[The date when beneficiaries in approximately 25% of non-compliant settings have been relocated or alternative funding secured.]</i>	The entire process of transitioning impacted individuals was described in the STP in the sections entitled <i>Actions to Be Taken for Compliant and Noncompliant Providers</i> (beginning on page 36) and <i>Facilitation of Choice Process</i> (beginning on page 37). <i>Note: CMS issued the Recalibrated Strategy after the submission of the STP. This will likely impact many of these originally projected dates, particularly if a CAP is approved.</i>	12/30/2022	Pages 36-39 of STP dated 2/28/2022
Complete beneficiary relocation or alternative funding across providers: 50% <i>[The date when beneficiaries in approximately 50% of non-compliant settings have been relocated or alternative funding secured.]</i>	See above	2/1/2023	

Milestone	Description	Proposed End Date	STP Page No.
Complete beneficiary relocation or alternative funding across providers: 75% <i>[The date when beneficiaries in approximately 75% of non-compliant settings have been relocated or alternative funding secured.]</i>	See above	2/28/2023	
Complete beneficiary relocation or alternative funding across providers: 100% <i>[The date when all beneficiaries in non-compliant settings have been relocated or alternative funding secured.]</i>	See above	3/17/2023	

APPENDIX D: Settings Subject to Heightened Scrutiny

The State has submitted the following list ICF/IDD Level of Care Residential Settings, by Region, that the State has deemed to be presumed institutional due to isolating practices and have not fully remediated, but are expected to fully remediate by the end of the transition period.

Note: ADMH-DDD regions cover the following counties:

Region 1: Cherokee, Colbert, Cullman, DeKalb, Etowah, Franklin, Jackson, Lauderdale, Lawrence, Limestone, Madison, Marshall, Morgan

Region 2: Bibb, Choctaw, Fayette, Greene, Hale, Lamar, Marengo, Marion, Pickens, Sumter, Tuscaloosa, Walker, Winston

Region 3: Baldwin, Clarke, Conecuh, Dallas, Escambia, Mobile, Monroe, Perry, Washington, Wilcox

Region 4: Autauga, Barbour, Bullock, Butler, Chambers, Coffee, Covington, Crenshaw, Dale, Elmore, Geneva, Henry, Houston, Lee, Lowndes, Macon, Montgomery, Pike, Russell, Tallapoosa

Region 5: Blount, Calhoun, Chilton, Clay, Cleburne, Coosa, Jefferson, Randolph, Shelby, St. Clair, Talladega

Region 1
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

Region 1
18. The Learning Tree, Inc. #1
19. The Learning Tree, Inc. #2
20. World Advance, Inc. #1
21. World Advance, Inc. #2

Region 2
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

Region 2
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
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. JLW Res
16. L'Arche #1
17. L'Arche #2
18. L'Arche #3
19. Life Care Services LLC
20. Linda Lopez-Hernandez Home - Nobles #1
21. Linda Lopez-Hernandez Home - Nobles #2
22. Louise Davis
23. Nobles Res #1
24. Nobles Res #2
25. Nobles Res #3
26. Nobles Res #4
27. Nobles Res #5

Region 3
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
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

Region 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

Region 4
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
67. Mag Wood #10
68. Mag Wood #11
69. Mag Wood #12
70. Mag Wood #13
71. Mag Wood #14
72. Mag Wood #15
73. Mag Wood #16
74. Mag Wood #17
75. Mag Wood #18
76. Mag Wood #19
77. Mag Wood #20
78. Mag Wood #21
79. Mag Wood #22
80. Mag Wood #23
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

Region 4
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
99. PHP #8
100. PHP #9
101. PHP #10
102. PHP #11
103. PHP #12
104. PHP #13
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
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

The State has submitted the following list of ICF/IDD Level of Care Non-Residential Settings, by Region, that have been presumed institutional due to isolating practices, but are expected to fully remediate by the end of the transition period.

Note: ADMH-DDD regions cover the following counties:

Region 1: Cherokee, Colbert, Cullman, DeKalb, Etowah, Franklin, Jackson, Lauderdale, Lawrence, Limestone, Madison, Marshall, Morgan

Region 2: Bibb, Choctaw, Fayette, Greene, Hale, Lamar, Marengo, Marion, Pickens, Sumter, Tuscaloosa, Walker, Winston

Region 3: Baldwin, Clarke, Conecuh, Dallas, Escambia, Mobile, Monroe, Perry, Washington, Wilcox

Region 4: Autauga, Barbour, Bullock, Butler, Chambers, Coffee, Covington, Crenshaw, Dale, Elmore, Geneva, Henry, Houston, Lee, Lowndes, Macon, Montgomery, Pike, Russell, Tallapoosa

Region 5: Blount, Calhoun, Chilton, Clay, Cleburne, Coosa, Jefferson, Randolph, Shelby, St. Clair, Talladega

Region 1
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.
6. Arc of Madison Co. Birdie Thornton 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
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

Region 2
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
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
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
1. Altapointe Burton Center
2. East Alabama UCP
3. Glenwood -Sullivan Center

Region 5
4. McKinney Center
5. PHP
6. Rainbow Omega
7. Rescare
8. St. Clair ARC

The State has submitted the following list of NF Level of Care Adult Day Health Settings, by County, that the State has deemed to be presumed institutional due to isolating practices and have not fully remediated, but are expected to fully remediate by the end of the transition period.

Setting Name	County
1. Eastside Adult Day Care Center	Montgomery
2. Braxton Senior Care	Marengo
3. Tri-county Adult Health Care	Butler
4. Wiregrass Adult Care 1	Coffee
5. Wiregrass Adult Care 2	Houston

The following list of ICF/IDD Level of Care Residential Settings, by Region, were originally identified as presumed institutional due to having the effect of isolating (Prong III) but remediated prior to July 1, 2021.

Note: ADMH-DDD regions cover the following counties:

Region 1: Cherokee, Colbert, Cullman, DeKalb, Etowah, Franklin, Jackson, Lauderdale, Lawrence, Limestone, Madison, Marshall, Morgan

Region 2: Bibb, Choctaw, Fayette, Greene, Hale, Lamar, Marengo, Marion, Pickens, Sumter, Tuscaloosa, Walker, Winston

Region 3: Baldwin, Clarke, Conecuh, Dallas, Escambia, Mobile, Monroe, Perry, Washington, Wilcox

Region 4: Autauga, Barbour, Bullock, Butler, Chambers, Coffee, Covington, Crenshaw, Dale, Elmore, Geneva, Henry, Houston, Lee, Lowndes, Macon, Montgomery, Pike, Russell, Tallapoosa

Region 5: Blount, Calhoun, Chilton, Clay, Cleburne, Coosa, Jefferson, Randolph, Shelby, St. Clair, Talladega

Region 1
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

Region 1
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

Region 1
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
67. Enrestoration, Inc. #5
68. Enrestoration, Inc. #6
69. Episcopal Kyle Homes, Inc.
70. Family Tree #1
71. Family Tree #2
72. Family Tree #3
73. Family Tree #4
74. Family Tree #5
75. Family Tree #6
76. Genesis - Sterling Co. #1
77. Genesis - Sterling Co. #2
78. Genesis - Sterling Co. #3
79. Genesis - Sterling Co. #4
80. Genesis - Sterling Co. #5
81. Genesis - Sterling Co. #6
82. Genesis - Sterling Co. #7
83. Genesis - Sterling Co. #8
84. Genesis - Sterling Co. #9
85. GSC Care, Inc. #1
86. GSC Care, Inc. #2
87. GSC Care, Inc. #3
88. GSC Care, Inc. #4
89. GSC Care, Inc. #5
90. H.O.P.E. Inc. #1
91. H.O.P.E. Inc. #2

Region 1
92. H.O.P.E. Inc. #3
93. H.O.P.E. Inc. #4
94. H.O.P.E. Inc. #5
95. H.O.P.E. Inc. #6
96. Haymon Homes #1
97. Haymon Homes #2
98. Haymon Homes #3
99. Haymon Homes #4
100. Haymon Homes #5
101. Haymon Homes #6
102. Haymon Homes #7
103. Haymon Homes #8
104. Haymon Homes #9
105. Haymon Homes #10
106. Haymon Homes #11
107. Haymon Homes #12
108. Haymon Homes #13
109. Haymon Homes #14
110. Haymon Homes #15
111. Haymon Homes #16
112. Haymon Homes #17
113. Haymon Homes #18
114. Heritage Homes #1
115. Heritage Homes #2
116. Heritage Homes #3
117. Heritage Homes #4
118. Heritage Homes #5
119. Integrity Homes #6
120. Integrity Homes #7
121. J & S Homes #1
122. J & S Homes #2
123. Lifeway Systems, Inc. #1
124. Lifeway Systems, Inc. #2
125. Lifeway Systems, Inc. #3
126. Lifeway Systems, Inc. #4
127. Lifeway Systems, Inc. #5

Region 1	
128.	Lifeway Systems, Inc. #6
129.	Lifeway Systems, Inc. #7
130.	Lifeway Systems, Inc. #8
131.	Lifeway Systems, Inc. #9
132.	Loyd Homes of Decatur, Inc. #1
133.	Loyd Homes of Decatur, Inc. #2
134.	Loyd Homes of Decatur, Inc. #3
135.	Loyd Homes of Decatur, Inc. #4
136.	Loyd Homes of Decatur, Inc. #5
137.	Loyd Homes of Decatur, Inc. #6
138.	Loyd Homes of Decatur, Inc. #7
139.	Loyd Homes of Decatur, Inc. #8
140.	Loyd Homes of Decatur, Inc. #9
141.	Loyd Homes of Decatur, Inc. #10
142.	Loyd Homes of Decatur, Inc. #11
143.	Loyd Homes of Decatur, Inc. #12
144.	Loyd Homes of Decatur, Inc. #13
145.	Montis Residential - Sterling Co., Inc. #1
146.	Montis Residential - Sterling Co., Inc #2
147.	North AL Family Services #1
148.	North AL Family Services #2
149.	North AL Family Services #3
150.	Pinnacle Residential - Sterling Co. Inc. #1
151.	Pinnacle Residential - Sterling Co. Inc. #2
152.	Pinnacle Residential - Sterling Co. Inc. #3
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

Region 1	
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

Region 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

Region 1
236. VOASE, Inc. #4
237. VOASE, Inc. #5
238. VOASE, Inc. #6
239. VOASE, Inc. #7
240. VOASE, Inc. #8
241. VOASE, Inc. #9
242. VOASE, Inc. #10
243. VOASE, Inc. #11
244. VOASE, Inc. #12
245. VOASE, Inc. #13
246. VOASE, Inc. #14
247. VOASE, Inc. #15
248. VOASE, Inc. #16
249. VOASE, Inc. #17
250. VOASE, Inc. #18
251. VOASE, Inc. #19
252. VOASE, Inc. #20

Region 2
1. (Arc of Walker) Duplex A.
2. (Arc of Walker) Farmstead
3. (Arc of Walker) Green Acres
4. (Arc of Walker) Hideaway
5. (Arc of Walker) Laurel Lane
6. (Arc of Walker) Salem
7. (Arc of Walker) The Forest
8. (Arc of Walker) The Meadows
9. (Arc of Walker) The Ridge
10. (Arc of Walker), Oak Rain
11. (Arc of Walker) Stonecreek
12. (Arc of Walker) The Cottage
13. (Community Options) 4th Ave. CRF
14. (Community Options) Clearview
15. (Community Options) Copeland
16. (Community Options) Dill CRF

Region 2
17. (Community Options) Hill House
18. (Community Options) Street CRF
19. (Davis LLC) Davis
20. (Daycrest) Crabtree
21. (Daycrest) Daycrest
22. (Daycrest) Magnificent Care
23. (Daycrest) Shadesbrook
24. (Debrick) Better Living
25. (Debrick) Ocean Community CRF
26. (Debrick) Ocean Community II
27. (Debrick) Ocean Community III
28. (Debrick) Ocean Community V
29. (Debrick) Ocean Community VI
30. (Debrick) Ocean Community VII
31. (Debrick) Ocean IV
32. (Future Living) Abundant Rain
33. (Future Living) I
34. (Future Living) II
35. (Future Living) Woodland Park
36. (Genesis), Genesis I
37. (Genesis), Genesis II
38. (Hill's) Hill's
39. (Indian Rivers) 902-34th Ave. CRF
40. (Indian Rivers) Alexander Lane
41. (Indian Rivers) Jemison
42. (Indian Rivers) Philadelphia Project
43. (James River) Forrest Trail
44. (James River) North Brook
45. (Johnson) Johnson
46. (Kaene LLC) Kaene
47. (King) King #4,
48. (King) King
49. (King) King-Holley Apt. A
50. (King) King-Holley Apt. B
51. (Little) Little
52. (Modern Day)

Region 2
53. (New Life) MKW I
54. (New Life) MKW III
55. (New Life) Washington 6
56. (New Life) Washinton 5
57. (New Life) Washington II
58. (Northwest) Adolescent
59. (Northwest) Avalon
60. (Northwest) Destiny
61. (Northwest) Gensis House
62. (Northwest) Ivy Glen
63. (Northwest) Lakewood Apts.
64. (Northwest) Lakewood CRF
65. (Northwest) Magnolia
66. (Northwest) Navulu
67. (Northwest) R & C
68. (Northwest) Willowbee
69. (Pickens) Pickens
70. (Project of Safe Haven)
71. (RHOC) 946 22nd Ave CRF.
72. (RHOC)
73. (Sunrise) 30th Ave
74. (Sunrise) Alpine Meadows
75. (Sunrise) Crescent Gardens
76. (Sunrise) Englewood Gardens
77. (Sunrise) Glory Hill
78. (Sunrise) Heatherwood Gardens
79. (Sunrise) Mayfield Way
80. (Sunrise) Starlight
81. (Sunrise) Thompson Way
82. (The Arc of F/L/M) Grayson
83. (The Arc of F/L/M) Greenwood
84. (The Arc of F/L/M) Hidden Hollow
85. (The Arc of F/L/M) Home 318
86. (The Arc of F/L/M) Home 810
87. (The Arc of F/L/M) Johnston Place
88. (The Arc of F/L/M) Lamar Haven

Region 2
89. (The Arc of F/L/M) Mulberry Manor
90. (The Arc of F/L/M) Phillip Grove
91. (The Arc of F/L/M) Piney Grove
92. (The Arc of F/L/M) Riverbend
93. (The Arc of F/L/M) Stewart
94. (The Arc of F/L/M), Home 927
95. (Turner LLC) Turner I
96. (Virtuous Women) Virtuous Women
97. (VOA) Porter I
98. (VOA) Brown
99. (VOA) Buddy
100. (VOA) Chelsie CRF
101. (VOA) Cooper 2
102. (VOA) Cooper
103. (VOA) Cox II
104. (VOA) Edwards
105. (VOA) Eldorado II
106. (VOA) Eldorado
107. (VOA) Elliott I
108. (VOA) Grace
109. (VOA) Herrod
110. (VOA) High II
111. (VOA) High III
112. (VOA) High
113. (VOA) Hinton
114. (VOA) Hyde
115. (VOA) Indian Lakes 10A
116. (VOA) Indian Lakes 10B
117. (VOA) JAYA
118. (VOA) Kemp
119. (VOA) Locust Lane
120. (VOA) M&M Hills
121. (VOA) Myah
122. (VOA) Neal II
123. (VOA) Neal III
124. (VOA) Porter III

Region 2
125. (VOA) Pruitt
126. (VOA) Tolbert II
127. (VOA) Williams
128. (VOA) Wrigley Way

Region 3
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
14. Exclusive Res
15. Hill Res #1
16. Hill Res #2
17. Hill Res #3
18. Hill Res #4
19. Hope Ahead #1
20. Hope Ahead #2
21. Hope Humanity House #1
22. Hope Humanity House #2
23. Jireh-VOA

Region 3
24. JLW Res #1
25. JLW Res #2
26. L'Arche #1
27. L'Arche #2
28. L'Arche #3
29. Lifetime Healthcare
30. Meadow's Place
31. Melonie Thompson Res-VOA #1
32. Melonie Thompson Res-VOA #2
33. Melonie Thompson Res-VOA #3
34. Melonie Thompson Res-VOA #4
35. Mobile Arc #1
36. Mobile Arc #2
37. Mobile Arc #3
38. Mobile Arc #4
39. Mobile Arc #5
40. Mobile Arc #6
41. Mobile Arc #7
42. Mobile ARC #8
43. Nobles Res #1
44. Nobles Res #2
45. Nobles Res #3
46. Northview Health Systems #1
47. Northview Health Systems #2
48. Northview Health Systems #3
49. Parker Adult Foster Homes Res
50. Robinson Res
51. Rondi Wilkins Res-VOA
52. Scott Res #1
53. Scott Res #2
54. Scott Res #3
55. Scott Res #4
56. Scott Res #5
57. Scott Res #6
58. Scott Res #7
59. Scott Res #8

Region 3
60. The Arc of Southwest Alabama
61. The Learning Tree #1
62. The Learning Tree #2
63. The Learning Tree #3
64. The Learning Tree #4
65. The Learning Tree #5
66. The Learning Tree #6
67. The Learning Tree #7
68. The Learning Tree #8
69. The Learning Tree #9
70. Volunteers of America (VOA) #1
71. Volunteers of America (VOA) #2
72. Volunteers of America (VOA) #3
73. Volunteers of America (VOA) #4
74. Volunteers of America (VOA) #5
75. Volunteers of America (VOA) #6
76. Volunteers of America (VOA) #7
77. Volunteers of America (VOA) #8
78. Volunteers of America (VOA) #9
79. Volunteers of America (VOA) #10
80. Volunteers of America (VOA) #11
81. Volunteers of America (VOA) #12

Region 4
1. VOA #1
2. VOA #2
3. VOA #3
4. VOA #4
5. VOA #5
6. VOA #6
7. VOA #7
8. VOA #8
9. VOA #9
10. VOA #10

11. VOA #11
12. VOA #12
13. VOA #13
14. VOA #14
15. VOA #15
16. VOA #16
17. VOA #17
18. VOA #18
19. VOA #19
20. VOA #20
21. VOA #21
22. VOA #22
23. VOA #23
24. VOA#24
25. VOA #25
26. VOA #26

Region 5
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

Region 5
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

Region 5
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

Region 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

Region 5	
128.	VOA #13
129.	VOA #14

The following list of ICF/IDD Level of Care Non-Residential Settings, by Region, were originally identified as presumed institutional due to having the effect of isolating (Prong III) but remediated prior to July 1, 2021.

Note: ADMH-DDD regions cover the following counties:

Region 1: Cherokee, Colbert, Cullman, DeKalb, Etowah, Franklin, Jackson, Lauderdale, Lawrence, Limestone, Madison, Marshall, Morgan

Region 2: Bibb, Choctaw, Fayette, Greene, Hale, Lamar, Marengo, Marion, Pickens, Sumter, Tuscaloosa, Walker, Winston

Region 3: Baldwin, Clarke, Conecuh, Dallas, Escambia, Mobile, Monroe, Perry, Washington, Wilcox

Region 4: Autauga, Barbour, Bullock, Butler, Chambers, Coffee, Covington, Crenshaw, Dale, Elmore, Geneva, Henry, Houston, Lee, Lowndes, Macon, Montgomery, Pike, Russell, Tallapoosa

Region 5: Blount, Calhoun, Chilton, Clay, Cleburne, Coosa, Jefferson, Randolph, Shelby, St. Clair, Talladega

Region 1
1. CDDNCA, Inc. #1
2. CDDNCA, Inc. #2
3. Dekalb Co. Ed. & Training Ctr. Sterling Co.
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
1. (Arc of Walker) Arc of Walker
2. (Northwest) Windows Unlimited

Region 3
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

1. Chattahoochee Valley Haven School

Region 5
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

ⁱ This section includes only those providers where remediation was required.

ⁱⁱ The first 3 Heightened Scrutiny milestones should be completed prior to resubmitting the STP to CMS (the fourth HS milestone).