

## Alabama Statewide Transition Plan Public Comments

Period March 2016

I have reviewed the Alabama Statewide Systemic Assessment and specifically the statements in various ID sections related to residential choice. I feel the following comments should be considered when developing a State Wide Transition Plan.

The Medicaid HCBS waivers in Alabama and possibly Kentucky are the only two states in the US that do not offer any assisted living settings as a residential option. In addition, representatives from the Alabama Medicaid Agency and the DD Division of the Department of Mental Health have taken the position that the state either can't afford and/or Medicaid won't allow assisted living facilities populated with only waiver clients. This position was taken by the DDD in the most recent Individual and Family quarterly meeting I attended in Montgomery, Al on March 23<sup>rd</sup>. This is contrary to HCBS regulations concerning legality of assisted living. And, as far as not being able to afford to switch to assisted living, this is incomprehensible. Switching to an option that cost half as much to deliver can't possibly cost more money. With this kind of reasoning, it is quite possible that serious transition planning errors can occur. In addition, Alabama has never provided clients and/or families a complete list of CMS waiver options (even in the Individual and family planning meetings mentioned above). This makes the federal and State of Alabama requirement of choice impossible.

Mississippi provides \$1,500 per month to support a client (elderly waiver) in an assisted living setting. Since no such option exists in Alabama, the state pays approximately \$5,500 for a client with similar needs in a nursing home. The average cost of an ID client in Florida with the ID Waiver is \$2,000 per month when served in an assisted living facility for ID clients. If a similar client were served in Alabama in a group home, the cost would again be approximately \$5,500 per month according to the state DD Division. All dollars mentioned above are state and federal Medicaid dollars only. Client resources are excluded.

Aside from the enormous cost savings, the assisted living setting offers a huge advantage over other residential options by providing a much greater opportunity for interacting with the greater community than offered by group homes or living at home residential options. I have been involved in many ways with supporting and interacting with the DD population for 47 years, including my daily support and care of my 47 year old intellectually disabled son who has lived with us his whole life.

My extensive experience with many different clients leaves me with the clear impression that the range of personalities are much greater and more varied than that found in the greater community. Dealing with all the special needs and interests of my son is not only challenging, but very difficult. The best way I can imagine to deal with my son is with a knowledgeable team who sees and interacts with him on almost a daily basis and they have the authority to try different approaches as

they think appropriate. They can decide the best and most constructive way for him to enjoy being out in the greater community. They can provide transportation for clients spontaneously for outings with the greater community as occurs routinely in the greater community population. Clients can not only decide where they want to go and who they want to see but have a pleasant and flexible environment in which to invite the greater community in for a visit. Also, as has happened many times in my visits to assisted living homes, I enjoyed a rich experience of not only visiting the one I came to see but visited other older friends and new acquaintances. In addition, the business of keeping up with and helping with unexpected problems or scheduling is so much easier and effective with on site management and a stable professional staff. This same staff can collaborate with staffs from other similar settings and work toward maximizing efforts for clients to work and play in the greater community. The above scenarios are just a fraction of the advantages of an assisted living setting over a three person group home or living alone with parents.

Three person group homes cannot work as effectively when clients and hourly staffs operate in isolation much of the time and the on sight hourly staff member is not authorized or trained to make the type of decisions mentioned above. I know that my son would be much happier living in an assisted living setting with his own apartment and activities both within and out in the greater community than living in his home with his aging parents or other settings with a small population and limited staff. The fact that the greater private pay population almost always chooses an assisted living setting rather than a group home should be seriously considered in any HCBS planning process.

Hello. As a father of an autistic child I would like to share my comments. Thank you.

- Every individual with autism deserves access to the HCBS that will benefit them and will meet their particular needs.
- Many individuals with autism who receive HCBS have difficulty finding providers that can address their complex and challenging needs.
- True integration is only possible if the state reimburses for HCBS based off rate structures and billing guidelines that are tied to the individual's need and not based off the place they live or receive services.
- This is especially true of individuals who are severely disabled by autism.
- The state needs to show how reimbursements will be tied to individual need and not the provider.

I have 7 children. My three older children have A-D-H-D and the Two younger than them have autism and I have 2 more that are too young to even know right now. Each one of my children have different medical needs altogether so that is why I want to tell the Alabama Medicaid agency to use reimbursement rates that are based on the needs of the individual, not the place they live. It makes no sense to base the rates on where they live. Please help the state of Alabama families by doing the right thing when it comes to Medicaid and Medicare needs.

I have autism and some life threatening medical conditions that are needing some life saving treatments. My mom is fighting for me to get services and treatments I need. But the wait list is difficult and quite long for anything to occur. The thing I fear the most is that I could actually die before getting approved for anything. I was supposed to have been placed on a trial run of IVIG

during the cough, cold, and flu season, but not only did BCBS deny treatment, Medicaid wait list is a very long time. As a result of not having approvals in time, we did not get the treatments I need and I spent three months with a cough that would not let up, was on a minimum of two rounds of antibiotics, increased use of asthma inhalers, and a minimum of one round of steroid pills in addition to cough and cold medicines. The reason it lingered was due to my immune deficiency.

Now I have been approved and prescribed by my doctor a medicine to help a condition that has come to surface with regard to why I am so allergic to everything. And our state could potentially cut funding which could cause me to not be able to get my medication (which is miraculously having very significant positive impact) or my inhalers.

I think the most difficult thing for our state is just that the services I need simply do not exist yet and the wait list is so long. It has my mom concerned about what will happen if she dies before me. And that's not healthy for her to have to be so concerned.



*For people with intellectual and developmental disabilities since 1957.*

March 26, 2016

Commissioner Stephanie Azar  
Alabama Medicaid Agency  
501 Dexter Avenue  
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Montgomery, Alabama 36103-5624

RE: Response to the Alabama Statewide Transition Plan  
For compliance with the HCBS settings final rule

Dear Commissioner Azar:

Thank you for the opportunity to provide feedback on the Alabama Statewide Transition Plan for achieving and maintaining compliance with the HCBS Settings Final Rule. We appreciate you reaching out to stakeholders in this process.

After careful review of the HCBS Setting Final Rule and as a recap from meetings a stakeholder group held with the Alabama Department of Mental Health Developmental Disabilities Division Staff, The Arc of Alabama and the Alabama Conference of Executives of The Arc (ACE/Arc) offer the following feedback for your consideration:

**Part I**

1. Page 37, Systemic Assessment Process.

**Response:**

- a. As this section implies, there was, at a minimum, stakeholder engagement in the formulation of the Transition Plan for the ID Waiver. Furthermore, the review only entails a review of regulations, policies, etc., and not specific 'barriers' to implementation of the same.
- b. DMH/DD Stakeholders<sup>1</sup> began an extensive review of the HCBS Final Rule from the perspective of identifying 'barriers' to compliance in November, 2015. Specifically, the Stakeholder group felt it was necessary to determine what systemic issues or regulations presented barriers to or prevented compliance with the HCBS Final Rule from a provider/self-advocate perspective. The final review was completed in March, 2016, with the last three meetings including ADMH/DD Staff and Associate Commissioner Courtney Tarver. Again, the crosswalk in the state's transition plan for ID and LAH waiver services does not address specific 'barriers' to compliance, but moreover, specifically relate to regulations and policies as they are consistent with the language of the HCBS Final Rule.

2. Section IV. Systemic Findings and Remediation, p 39-41

*Requirement #1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid*

**Response:**

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<sup>1</sup> Stakeholders included The Arc of Alabama, Alabama Conference of Executives of The Arc (ACE/Arc), Volunteers of America, People First of Alabama (self-advocacy group), Alabama Association of Developmental Disabilities 310boards (AADD310), The Alabama Council of Community Mental Health Boards, Volunteers of America

1. Alabama has never been above 49<sup>th</sup> in the nation in funding intellectual and developmental disability services. The state currently ranks 51<sup>st</sup> and maintains an average waiting list of 3,300.
2. CMS allows up to a standard deviation of 5% on cost vs reimbursement for waiver services. Rates have only increased 1% since the early 1990s. The last economic review of service rates Stakeholders could find was in 1993, over twenty years ago.
3. The current rate structure for some waiver services does not provide for administrative oversight of the facilitation of person centered planning.
4. The current rate structure for some waiver services do not provide for transportation to provide individual supports to people with I/DD so they may fully access and engage in community life.
5. Overall, a lack of adequate and affordable transportation continues to present a barrier to access all experiences in the greater community.
6. The average age of a person entering services in Alabama is estimated to be between 40-45 years old.
7. There is a lack of expectation for, or assurances that require, Representative Payees to provide adequate Due Process that includes experiential learning with regard to control of personal resources. Some of the requirements for Representative Payees as set forth by Social Security present a barrier to a person having control of their financial resources as well.
8. There is minimum provider capacity building opportunities to ensure expectations for support options that appropriately meet outcome objectives that are individualized and inclusive are explored and provided.
9. Currently, Case Management services for people with I/DD in Alabama is lacking in regard to understanding the role of the service. Case Management is largely provided through 'conflicted' providers meaning they provide Case Management as well as direct support services. Opportunities for experiential learning that provide for long term community inclusive outcomes are seldom fully explored and are most often 'managed' by the provider through the only service options they provide.
10. Currently, person centered plans appear to be more service driven than individual driven. Meaning options of services to support individual goals are, for the most part, determined by the available support services in a geographical area. (e.g., a person's outcomes may be more appropriately attainable through a less costly service but only the more costly services are available. Example, Personal Care or an employment service may be more appropriate but the only option available is the more restrictive, costly, Day Habilitation or Group Home service.)
11. There are limited, inadequate or sometimes non-existent, psychiatric services that accept Medicaid in areas of the state and therefore, the services fail to appropriately meet of people with I/DD. Often, people are forced access resources in other counties thus necessitating the need for additional transportation resources which are often not available, especially in rural areas of the state, with limited financial resources.
12. There is a significant need for adequate dental care for people with I/DD. Often, for example, people with I/DD who have dental needs are subjected to having their teeth pulled and if available, ill fitted with dentures instead of more appropriate options of care. Also, many people with I/DD require additional, more extensive medical supports that are not covered by Medicaid (e.g., anesthesia). Poor dental care not only affects quality of physical and behavioral health of people with I/DD but also further negatively stigmatizes people with I/DD preventing them from community inclusive opportunities like employment.

**Suggestion(s):**

- A. A thorough economic review of service rates to ensure providers have the capacity to fully transition services to meet the intent of the HCBS Final Rule with regard to providing supports that ensure full access to the greater community.
- B. A collaborative effort is made between DMH/DD and the Alabama Department of Transportation in an effort to improve transportation opportunities for people with DD across the state.
- C. Ongoing provider capacity building opportunities to ensure all providers are in compliance with regulations and the HCBS New Rule.

- D. Case Management is de-conflicted to the extent required by CMS regulations.
- E. Case Managers be provided adequate, ongoing training that includes a clear definition of the case manager's role to ensure choice, appropriate person centered planning that includes consideration of all available waiver and non-waiver along with paid and non-paid support resources, and management of fiscal resources that reduces Case Manager turn-over.
- F. Accessible resources to offset transportation cost when people with I/DD have to travel to other counties for health and psychiatric care.
- G. Waiver services include adequate resources that meet dental care for those individuals who require more extensive medical intervention.

*Requirement #2. The setting 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. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.*

**Response:**

- 1. The current rate structure does not support all Medicaid service options that ensure choices of non-disability specific settings are available.
- 2. There is a need for Case Management training and expectation with regard to identifying and valuing an individual's choice, and navigating all available support systems, formal and informal, to ensure individual's needs and preferences are respected and supported.
- 3. There are not enough options to meet the needs of an aging population, especially those with dementia. One of the targeted populations for accessing ID waivers is individuals with aging caregivers. If the caregivers are aging, it also means that the individual is aging as well and may potentially be at a point in his/her life where retirement is a legitimate and realistic goal. The population in general is aging. According to NCI, Alabama currently serves the oldest population of people receiving Waiver services.
- 4. Families and individuals seeking services do not understand how to navigate the service system.

**Suggestion(s):**

- A. Extensive Case Management training to ensure they understand support options, waiver and non-waiver, and can explain them to family members.
- B. Expand service options available for individuals who choose to retire or, because of medical reasons, are unable to work.
- C. More tools with regard to selecting settings and services are provided to families and individuals with I/DD.
- D. A more user friendly, family and self-advocate oriented, website to make information more easily accessible for families and individuals with I/DD.
- E. Innovative services to support the aging population of people with I/DD should be considered to ensure they are not isolated and receive supports that best meet their needs.
- F. Provider training with regard to serving the aging population of people with I/DD should be made available, especially those who serve individual with dementia.
- G. See suggestion for Requirement #1.

*Requirement #3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.*

**Response:**

- A. There are no guidelines, expectations or best practices available to providers to ensure Due Process relating to Guardianship.
- B. Currently, there is no conflict of interest policy that prevents a service provider from having Guardianship of those they serve. Therefore, there is not an expectation to seek natural supports or other external advocates for assistance with decision making to ensure individuals with intellectual disabilities served through Medicaid waivers by service providers fully exercise

'informed choice'. Therefore, there is a contradiction of sorts in the expectation for the development of community inclusive support options.

- C. There is a presumption of incompetence in the state of Alabama in regard to people with intellectual disabilities. This presumption prohibits the exploration of various support options and experiential learning opportunities that ensure people with I/DD are informed and engaged decision making. Only when there is a presumption of "competence" can we ensure a person's rights are protected.
- D. Person Centered Planning does not always ensure dignity and respect, and therefore, presumption of competence.

**Suggestion(s):**

- A. A 'conflict of interest' clause is included in all Medicaid waiver/provider contracts relating to Guardianship as per the National Guardianship Association Standards of Practice.
- B. Due Process is provided to individuals with guardianship, regardless of whom the guardian is, and a thorough review by Human Rights Committees be provided.
- C. People with intellectual disabilities be provided least restrictive options to guardianship and an array of support options be provided with the expectation a person is competent to make decisions about his or her life.
- D. Probate judges be educated about 'presumption of competency' and less restrictive measures and the opportunities for support options that provide experiential learning opportunities to people so to enable them to make more informed choices.
- E. Guardianship only is used as a last resort after appropriate Due Process has been provided. And should provisions for Guardianship be necessary, the Guardianship responsibilities be reviewed by an HRC and monitored at a frequency appropriate to ensure less restrictive measures are provided.
- F. Extensive training is provided to Case Managers and providers with regard to presumption of competence to achieve individual outcomes.

Requirement #4. Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.

**Suggestion(s):**

- A. Waiver definitions restrict an individual's ability to have personal initiative and autonomy of their daily schedules.
- B. There are a minimum number of procedures that can be delegated to non-nursing staff within the Nurse Delegation Program when compared with other states. The restrictive implication.
- C. Nurse Delegation Program presumes all individuals are incompetent and requires individuals to prove competency before they are allowed to self-medicate. (Even if an individual previously self-medicated.)
- D. Other licensing or certification requirements from other agencies or departments (e.g., Life Safety) are reviewed to ensure requirement/regulations do not present barriers to compliance with the HCBS New Rule, especially those relating to physical environments, etc.

Requirement #5. Facilitates individual choice regarding services and supports, and who provides them.

**Response:**

- 1. See Suggestion for #3 above
- 2. Case Management is not separate from providing services.
- 3. Case Managers do not facilitate team meetings in all areas of the state
- 4. There is confusion about the responsibility for the actual person centered planning document. If the CM 'records' the information from the planning meeting (who, what, when, where), who 'writes' and is responsible for the plan

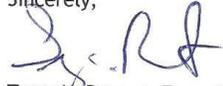
**Suggestion(s):**

A. Turnover of staffing must be addressed at all levels of the Waiver system to ensure quality care. See

Thank you again for the opportunity to submit feedback on the HCBS Statewide Transition Plan. We look forward to working with you in the future.

Should you have any questions about what is written, please don't hesitate to contact me at 334-262-7688 or at [tpezent@thearcofalabama.com](mailto:tpezent@thearcofalabama.com).

Sincerely,



Terry L. Pezent, Executive Director  
The Arc of Alabama



Chris Stewart, President  
ACE/Arc

Cc: LaQuita Robinson  
Courtney Tarver

**VIA ELECTRONIC MAIL**

March 30, 2016

Ms. LaQuita Robinson

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Long Term Care Division

Alabama Medicaid Agency

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**RE: ADAP's comments to Alabama's Home and Community-Based Service Waiver Statewide Transition Plan**

Dear Ms. Robinson:

I am writing to provide comments to the Alabama Medicaid Agency's Alabama's Home and Community-Based Service Waiver Statewide Transition Plan ("Plan") on behalf of the Alabama Disabilities Advocacy Program ("ADAP"). ADAP is a federally-funded Protection and Advocacy program that aims to protect the rights of individuals with disabilities in the state of Alabama. The Plan is an effort to comply with recent Home and Community Based Services ("HCBS") regulations promulgated by CMS. The Alabama Medicaid Agency ("Agency") is to be commended for its efforts to recognize the rights of Alabamians with disabilities to have a fully integrated life and to comply with HCBS Final Rule promulgated by CMS ("Final Rule"). As your Agency prepares to transition to offering true community services, proper planning and consistent implementation of the Plan is vital. With this in mind, ADAP offers the following comments and recommendations.

**The concept of true community integration**

The Agency, along with the HCBS waiver operating agencies, deserve to be commended for offering multiple waivers so that persons with disabilities can be served in their communities. Over the last few years, Alabama has taken steps to facilitate community services for persons with disabilities, including closing all, state-operated ICF/IDs and establishing the Alabama Community Transition ("ACT") waiver. Now is not the time, however, to be content with our progress to date.

The federal government, including CMS, fully expects states to take proactive measures to ensure persons with disabilities have access to their communities. Requiring states to develop a transition plan to

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ensure compliance with the Final Rule serves as concrete evidence of this expectation. Among other things, HCBS settings must:

- Be integrated in and facilitate full access to the greater community;
- Optimize autonomy and independence in making life choices;
- Be chosen by the individual from among residential and day options, including non-disability specific settings;
- Ensure the right to privacy, dignity, respect and freedom from coercion and restraint;
- Provide an opportunity to seek competitive employment;
- Provide individuals an option to choose a private unit in a residential setting; and
- Facilitate choice of services and who provides them.

With respect to recipients of HCBS services, the Final Rule establishes detailed person-centered planning requirements and requires that HCBS participants have the same degree of access to their communities as their neighbors who are not receiving Medicaid HCBS.

Keeping the intent of the Final Rule in mind, ADAP has some concerns about the current Plan.

**The lack of consumer input into the Plan is troubling.**

To conduct the initial and follow-up assessment, the Agency relied on the operating agencies to inform Medicaid whether Alabama's HCBS waivers comply with the Final Rule. *Plan* at pgs 9-10. According

to the Plan, operating agencies reviewed a variety of documents, including “relevant regulations, policies and procedures.” *Id.* While the Plan does reference a waiver participant survey and a Home Visit Tool, the Plan gives no indication that recipients of HCBS services were consulted in any manner as whether the services they receive comply with the Final Rule.

A mere policy review by operating agencies is wholly inadequate. Too often, state agencies have policies and procedures that appear exceptional on paper. To obtain a true picture of whether Alabama’s HCBS waivers comply with the Final Rule, recipients of waiver services must be, at minimum, provided the opportunity to express their assessment of the current state of compliance.

**The Plan overlooks HCBS services provided in individual homes.**

The Plan unilaterally asserts services provided in individual homes conform to the Final Rule. While the intent of the Final rule is to ensure services are provided in an integrated setting, providing HCBS in a person’s home does not guarantee an individual has access to one’s community. In some cases, Alabama’s HCBS services limit one’s ability to access the community by unnecessarily restricting a service to being provided in the home. For example, respite care under the E&D waiver is “provided in the individual’s home.” Ala. Admin Code §560-X-36-.04(5)(a). The Plan makes no mention of this restriction and even states no remediation is required because services are provided in the individual’s home. The Agency needs to take a much closer look at services provided under each waiver and make an authentic determination as to whether the service unnecessarily restricts an individual’s ability to access one’s community.

**The Plan fails to adequately address transitioning services that are currently provided in segregated settings.**

Several HCBS services are provided in segregated, provider controlled settings, including, but not limited to, adult day health and day habilitation services. Adult day health is a service offered under the E&D waiver and provides social and health care in a community facility approved to provide such care. §560-X-36-.04(4)(a). While the Plan does discuss revisions to various Agency and provider policies, the Plan fails to describe how this service will be fully integrated to meet the intent of the Final Rule. Day Habilitation provided through the LAH waiver does not fare much better. The Plan merely states the waiver will be amended to reflect choice for settings of day services, including non-disability day settings. Under the current system, a vast majority of day habilitation programs provide services in segregated settings and certainly fail to even minimally comply with the Final Rule. Given that thousands of individuals in Alabama receive day habilitation services, transitioning these service for compliance with the Final Rule is a monumental task. Yet, the Plan provides virtually no detail as to how the Agency intends to come into compliance with the Final Rule.

**The current service system gives control to service providers**

In providing advocacy services to our clients, we frequently encounter waiver recipients who are unable to find a provider willing to provide services. Too often, operating agencies place the burden on waiver recipients to locate a provider willing to serve them. If a waiver recipient is unable to locate a provider, the operating agencies often take the position that nothing can be done. This practice is reflected in the current Plan. “The participant is assured through the process that they have the right to choose from **any willing** and qualified waiver provider.” (emphasis supplied).

The Plan is void of any information regarding how a waiver recipient will receive waiver services in the event a willing provider is not found. To be clear, the Agency and its operating agencies maintain full responsibility for ensuring compliance with federal laws and regulations, including, but not limited to, the Final Rule. Any revisions to come into compliance with the Final Rule must include a mandate that all waiver recipients actually receive all needed services whether said services are provided by a private provider or the operating agencies themselves.

Additionally, the Plan centers around ensuring current providers of waiver services comply with HCBS regulations. The Plan fails to describe what will be required by the Agency to be in compliance. In other words, the Plan should, but does not, specify what constitutes an integrated HCBS service.

**Person-Centered elements are missing from the Plan**

While the Plan often refers to person-centered planning, the Plan lacks how to implement the true concept of person-centered planning. With respect to the TA waiver, the Plan states “TA Waiver Coordinator and ADSS Targeted Case Managers ensure waiver participants are actively involved in decision-making related to the provision of waiver services.” In practice, waiver recipients are often told what services they will receive and the amount of those services, as opposed being asked what services are needed. As the Agency works to come into compliance with the Final Rule, the Agency must engage waiver recipients and their caregivers to ensure waiver recipients are able to express their need for services through a legitimate person-centered planning process. Services should be built around that person-centered plan as opposed to being offered on a “take it or leave it” basis.

**The current Plan is actually a Work Plan.**

Federal law requires each state to submit a Plan that sets forth the actions the State will take to bring the HCBS waivers into compliance with the Final Rule. This means that a Plan must include the substance of how a state’s HCBS programs will change. Alabama’s Plan focuses more on examining current programs and examining how to bring those programs into compliance.

Alabama’s Plan fails to describe how HCBS services will be provided in integrated settings. A stated intention of the Final Rule is to require “full access to benefits of community living and the opportunity to receive services in the most integrated setting that is appropriate.” Yet, the Plan provides no indication as to how this goal will be accomplished.

**The Agency needs to provide information to recipients of waiver services.**

The Plan fails to detail how recipients of HCBS services, their family members and their caregivers will be informed about changes to HCBS services. While ensuring providers of waiver services comply with HCBS regulations is important, recipients of waiver services are the primary beneficiaries of said services and deserve to be well-informed about any changes to those services.

**Recommendations**

To ensure compliance with the Final Rule and a smooth transition to full compliance, ADAP recommends the Agency undertake the following:

- Form a HCBS compliance workgroup tasked with ensuring compliance to the Final Rule. The members of the workgroup should include waiver recipients, caregivers of waiver recipients, Agency staff, appropriate personnel from other state agencies and advocates.
  
- Develop and distribute information to every waiver recipient and caregivers that describes the HCBS regulations, Alabama’s plans to comply with said regulations and any possible changes to current waiver services.
  
- Develop information for waiver recipients and their caregivers on Person-Centered Planning principles and available waiver services that is easy to read and easily accessible.
  
- Provide information regarding the progress of the Agency’s transition plan and HCBS compliance efforts on an ongoing, regular basis. Said information should be readily available to and easily accessible by the public, especially waiver recipients and/or their caregivers.
  
- Establish a system by which waiver recipients and their caregivers can ask questions and receive information regarding changes to current waiver services.

Thank you for taking the time to read ADAP's comments and recommendations. If you have any questions or would like to further discuss any of the issues raised, please do not hesitate to contact me.

Sincerely,

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