

Alabama's Community Waiver Program 1915(c) and 1115(a) Demonstration

Annual Monitoring Report

10/01/2023 – 09/30/2024

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Introduction

On September 30, 2024, the Alabama Department of Mental Health - Division of Developmental Disabilities (ADMH/DDDD) completed the third demonstration year (Y3) of the Community Waiver Program (CWP), available in 11 of Alabama's 67 counties. The CWP was developed to serve people with intellectual and developmental disabilities (IDD) in a way that is specifically geared toward maximizing their abilities, supporting full participation in community life including integrated employment, keeping families together, preserving existing living arrangements, preventing crises and operating a financial sustainable program that can end the waiting list. This Home and Community-Based Services (HCBS) program was created through the concurrent operation of a 1115 demonstration waiver and a 1915(c) HCBS waiver. The 11 counties where the CWP operates include counties in all five (5) ADMH/DDDD regions of the State where approximately half of the waiting list currently resides.

During the third year (Y3), growth of the CWP occurred in many of the following ways:

- The initial goal of 500 gross enrollments was met in the last quarter of Y3 with a year-end total of 515 gross enrollments.
- The Y3 end-of-year data for the CWP shows the competitive integrated employment rate reached 18.7%, for those aged 18+ working any number of hours per week. Of those working, each employee averaged just under 16 hours per week and the average hourly wage was \$10.39.
- The number of participants who have chosen to self-direct at least one of their CWP services also increased during Y3. As of 9/30/24, 55% of CWP participants have at least one service in their Person-Centered Plan (PCP) that they have chosen to self-direct and 39.1% have claims for services rendered through self-direction.
- Y3 also saw an increase in the number of agencies signing on to be part of the CWP provider network. A successful request for proposal (RFP) for additional providers resulted in 14 agencies responded with 12 agencies meeting criteria for selection.
- The number of Support Coordinators grew to 28, with only three vacancies. This increase can be attributed to the development of new human resource classifications for ADMH/DDDD Support Coordinators to attract more qualified applicants to fill positions. This has assisted in staff's ability to address the workforce crisis which has impacted ADMH/DDDD similar to how it has impacted the provider community.
- During Y3, the first two CWP-Adult Family Home (AFH) opened. This service offers participants in need of residential placement the opportunity to live with a family that provides the residential support needed in a lesser restrictive environment than a traditional group home. Participants have the opportunity to become a member of the family that they live with.
- Direct service professionals (DSPs) enrolling to complete the portable, AL-ECF competency-based badge curricula offered through the Tennessee Board of Regents increased to an average of 20-25 per month. The learners that completed the AL-ECF training during Q4 totaled 47, and for FY24, 165 completed the training.

Additional details regarding these highlights and how challenges are being addressed can be found in the remainder of this report. Moving forward into year four (Y4), the state anticipates continued progress toward ending the waiting list in the counties served by the CWP. Currently, just under 50% of the individuals on the statewide waiting list reside in one of the eleven counties, down from 68% at the time of the waiver program's launch in 2021.

STC 41: Operational Updates

Operational Accomplishments

Below are the operational accomplishments ADMH/DDDD achieved in the third year of CWP implementation.

Outreach and Enrollment

ADMH/DDDD continued to increase enrollment in the CWP and address enrollment challenges that began in year one (Y1). Initially, the enrollment goal for Y1 of the CWP was 500 individuals. The initial goal of 500 gross enrollments was met in the last quarter of Y3 with a year-end total of 515 gross enrollments. The overall net enrollment was 404 as of September 30, 2024.

Enrollments: Inception of Demonstration (11/1/21) to End Demonstration Year Three (9/30/24)

Region	Counties	Enrollment Group:						NET	GROSS
		Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Disenrollments		
Region 1	Madison	9	24	47	8	0	19	69	88
	Morgan	0	3	17	1	0	6	15	21
	Limestone	0	5	10	1	0	4	12	16
	Total	9	32	74	10	0	29	96	125
Region 2	Tuscaloosa	1	26	49	2	1	11	68	79
	Walker	2	11	21	3	0	4	33	37
	Total	3	37	70	5	1	15	101	116
Region 3	Mobile	3	18	31	18	0	11	59	70
	Baldwin	1	16	31	5	0	6	47	53
	Total	4	34	62	23	0	17	106	123
Region 4	Montgomery	1	3	25	2	0	14	17	31
	Elmore	1	3	7	3	0	1	13	14
	Houston	0	5	14	2	0	9	12	21
	Total	2	11	46	7	0	24	42	66
Region 5	Jefferson	6	8	50	19	2	26	59	85
	Total	6	8	50	19	2	26	59	85
Group Enrollment TOTALS:		24	122	302	64	3	111		
Total Enrollments (Net)								404	
Total Enrollments (Gross)								515	

Moving forward, ADMH/DDD is committed to ensuring an appropriate pace for continued enrollment growth in the CWP, given the estimated 660 funded slots still available and the waiting list in CWP counties exceeding this number.

Avoidance of Unnecessary Residential Placements

In Y3/Q4, the Special Review Committee (SRC) continued to review all emergency/crisis referrals to identify which referrals needed Group 4 enrollment and access to residential services through one of the available models: Adult Family Home (AFH); Supported Living-Intensive Level; and Group Home. Through a formal evaluation of needs conducted by a Support Coordination Supervisor, the immediate and long-term needs of the emergency/crisis-referred individual is accurately identified. This information is submitted to the SRC, which is comprised of:

- The Director of the CWP
- The CWP Emergency/Crisis Referral Manager
- The AMDH/DDD Director of Community Services
- The CWP Fiscal Manager
- The ADMH Director of Psychological Services or qualified designee and
- The ADMH Director of Nursing or qualified designee.

The SRC reviews all submitted information that identifies the immediate and long-term needs of the emergency/crisis-referred individual. Using this information, the SRC reaches a decision on whether criteria for Group 4 enrollment is met, including the most appropriate, least restrictive short and long-term living situation for the individual that will meet his/her goals and needs, including health and safety needs. For those not approved for Group 4, they are offered services in their age-appropriate enrollment group if eligibility for the CWP is confirmed. For anyone denied Group 4

enrollment by the SRC, the individual, appointed Medicaid representative and/or legal guardian if applicable, is provided a notification of rights form with written instructions on the appeal process.

In Y3/Q4, the SRC reviewed a total of 15 new referrals. Following a thorough review of each individual, 6 were approved for Group 4 enrollment, three were denied CWP enrollment due to not meeting eligibility criteria, and 6 were offered services in their age appropriate enrollment group. Overall, the SRC reviewed a total of 53 emergency/crisis referrals in Y3.

	Referrals Classified as Emergency by Referral Source	Referrals Denied CWP Enrollment Due to Failure to Meet Enrollment Criteria	Referrals Determined to be Emergencies and Approved for CWP Group 4 Enrollment	Referrals Classified as Emergency by Referral Source that were Able to be Enrolled and Served in CWP Enrollment Group 1, 2 or 3, based on age.	Referrals Classified as Emergency by Referral Source that were Determined Ineligible for CWP Group 4 Enrollment and Declined Option to Enroll in Group 1, 2 or 3, based on age.	Appeals in Process	Case Closed Due to no Contact	Pending for Further Review
Y3/Q4 TOTAL	53	9	23	15	6	0	0	0
Region 1	14	3	6	3	1	0	0	0
Region 2	10	2	3	3	3	0	0	0
Region 3	13	2	6	2	0	0	0	0
Region 4	5	1	2	1	1	0	0	0
Region 5	11	1	6	1	1	0	0	0

Many of the ongoing demands for emergency waiver enrollment and emergency services originate from partner service agencies: community hospitals; jails/prisons/detention centers, and the Department of Human Resources (ADHR) (specifically, child and family services – the foster care and adult protective services programs). ADMH/DDD utilizes the SRC process to ensure the appropriate enrollment group and services are identified for each individual based on his/her assessed needs; but also to ensure a safe and well-planned transition occurs from these settings. In the case of foster homes, CWP services can wrap around the foster care provider to stabilize the placement whenever the SRC determines this is possible. The SRC continues to hold formal planning meetings with these entities monthly for ongoing collaboration to ensure identified individuals' needs are appropriately addressed. Historically, the Intellectual Disabilities (ID) waiver operated by ADMH/DDD routinely placed emergency/crisis-referred individuals into group homes without assessing the needs of each individual and ensuring this is the least restrictive, most integrated setting that can meet their needs and support their goals. This resulted in most individuals going into a group home and never leaving that setting, causing the legacy waiver system to become highly reliant on group home services, spending over 82% of total funding on placements in group homes for over 63% of the legacy waiver population. The CWP SRC process avoids unnecessary placements into group homes for people who need residential services. The CWP also prioritizes services that can preserve existing living arrangements when possible. As a result, early data suggests the CWP can serve three (3) people with intellectual disabilities for the same cost as serving one (1) person on the ID waiver. With growing demand for services, the CWP is demonstrating a model for addressing this need within the resources the state has to serve this population.

Employment Outcomes

A priority for ADMH/DDD is the expansion of employment opportunities and the competitive integrated employment participation rate for individuals receiving waiver services. Promoting the possibility of employment is something done in person-centered planning where ADMH/DDD employment specialists are joining to provide additional information to participants about the existing opportunities and to address any barriers or challenges participants may encounter as they pursue employment. Fortunately, ADMH/DDD and Alabama Vocational Rehabilitation (VR) collaborate often and work well together on many shared initiatives and projects. The three employment specialists working for ADMH/DDD serve as liaisons to all VR offices across the state., Support Coordinators and the DDD employment specialists are hosting monthly employment planning meetings that include the employment service provider agencies, Support Coordinators, and VR counselors. These meetings are proving helpful in supporting the goal of higher employment outcomes and effective employment services. The meetings began in Region II where the highest percentage of CWP participants are employed. Other counties/regions have adopted this practice, and ADMH/DDD anticipates a continuation of the increase in employment outcomes going forward. ADMH/DDD is also a member state of the State Employment Leadership Network (SELN). As a member state, ADMH/DDD can participate at no cost in training courses that are developed. Starting this past year, CWP leadership is now requiring all Support Coordinators to successfully complete the SELN's "Supporting a Vision for Employment" eLearning course. This online course was crafted for Support Coordinators and those in similar roles who are responsible for advising, assisting, and advocating for individuals with intellectual and developmental disabilities (IDD) seeking employment.

The US Department of Labor consistently reports that fear of losing Social Security benefits, either Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI), is one of the most significant barriers to employment and is widespread among people with disabilities and their families. This includes both the monetary benefit of the programs as well as the medical coverage from either Medicaid or Medicare. ADMH/DDD continues to employ Community Work Incentives Coordinators (CWICs) across all five regions of the state to work directly with individuals and families to address any concerns related work and the impact on benefits.

Ensuring CWP participants have an opportunity to explore employment and obtain jobs in their communities remains a primary goal of the CWP. At the end of Y3, the trend continued in a positive direction. The Y3 end-of-year data for the CWP shows the competitive integrated employment rate reached 18.7%, for those aged 18+ working any number of hours per week. Of those working, each employee averaged just under 16 hours per week and the average hourly wage was \$10.39. If counting only those working in competitive integrated employment at least 8 hours per week, and working in at least one quarter of the year, 14% of CWP working-age participants were employed in competitive work in their communities. Among these workers, Y3 showed 4% growth as evidenced in the independent evaluation. In comparison, the legacy waivers achieved only a 3% rate of competitive integrated employment that averaged at least 8 hours per week in at least one quarter of the year. The growth in Y3 for the legacy waivers was only 0.2% as documented in the external evaluation.

A concerted effort to continue increasing employment opportunities and outcomes for CWP participants will be ongoing throughout the demonstration. ADMH/DDD is committed to providing needed resources that can positively impact the availability of employment services and the resulting outcomes moving forward. ADMH/DDD continues to partner with the Alabama Department of Rehabilitation Services (ADRS) to sponsor a three-day certificate-based, Customized/Supported Employment training funded by ADRS and ADMH/DDD. This training is one way job developers delivering services in the CWP can meet the required qualifications/training to provide these services. The collaboration on this training continues to strengthen the partnership between the two agencies. Also, this onsite training provides employment staff from the community provider agencies with an opportunity to network and establish relationships. The second semi-annual session of this training was held September 18-20, 2024 (Y3/Q4).

Provider Claims Approvals and Timely Provider Payments for Services Rendered

In demonstration Y3, there was a significant improvement in denials of claims from CWP provider agencies. Once the third-party liability (TPL) edits in Medicaid's claims system were addressed in Y2, the denied claims decreased significantly. Also, provider agencies have become more efficient and accurate with billing. Most of the current denials

are a result of provider billing errors. The CWP director monitors the status of claims and denials on a regular basis with the CWP fiscal manager.

Post-Award Public Form

The Post Award Public Forum for Y3 was held on May 8, 2024. One session was held at 10am and a second session at 1pm. These forums were held virtually and hosted by the Alabama Medicaid Agency. ADMH's CWP director presented a PowerPoint presentation that provided an overview of the CWP and performance of the CWP year to date and since inception. The presentation concluded with CWP participant success stories. Attendees had the opportunity to submit comments via email and through the Webex chat box. CWP Leadership felt that the feedback provided during the forums were positive. Participants shared both positive experiences with the CWP as well as some challenges and concerns.

Concerns expressed during the forum included:

- Families self-directing expressed customer service concerns with Financial Management Services Agencies (FMSAs).
- Families continue to express a desire for traditional day habilitation service options currently not available in the CWP.
- Challenges with the statewide waiting list and challenges with obtaining necessary documents for eligibility determination.

ADMH/DDD will continue to address the challenges and concerns that were presented during the forum. Already, ADMH/DDD instituted quarterly EOR meetings with families self-directing their services to address any issues. These meetings include the two FMSAs so families can receive valuable updates and discuss any areas of concern. ADMH/DDD is also gathering ongoing input from families and others who express a desire for a traditional day habilitation service that are currently not available in the CWP. Data based on FY24 (Y3 of the CWP) shows that only 45% of legacy waiver participants are using day habilitation, while an estimated 42% are using the alternative community experience and employment services. In contrast, in FY18, roughly just 8% of the ID/LAH waiver population were using these alternative services. The shift toward these alternative services is already occurring in the legacy waivers as providers are able to offer the same schedule of services to participants without needing to maintain a separate day habilitation facility, allowing them to invest more of the reimbursement rates paid into DSP compensation and transportation. The CWP was designed in anticipation of this trend, driven in part by the emphasis on community and employment access in the federal HCBS Settings Rule and the unexpected lessons from the COVID-19 pandemic with regard to the dangers of congregating people with disabilities in facilities. The CWP was also specifically designed to support the delivery of more individualized supports and services so participants could be part of their communities. However, ADMH/DDD recognizes that some families continue to express a desire for a facility-based day option. This will continue to be monitored as participants and their families are supported to explore all of the options that are currently available through the CWP.

Support Coordination

Currently, there are 24 CWP Support Coordinators who have successfully completed the required training. One new hire is waiting to complete the PCP training review and competency exam. In addition, ADMH/DD continued to implement the following steps to ensure a high-quality Person-Centered Assessment and Plan (PCAP) process and high-quality PCPs:

- Post-training testing providing confirmation of the support coordinator's aptitude and knowledge in successfully conducting the PCAP process and developing PCPs.
- A PCAP and PCP "Tips Tool" to assist support coordinators in ensuring that all fields in the person-centered assessment and PCP are appropriately filled out.
- All documentation of the PCAP process and all PCPs are being reviewed by the support coordinator's immediate supervisor using a standardized review tool developed to ensure quality.
- When a remedial need is identified by a supervisor, or if a PCP is randomly selected for quality review, the Director of Support Coordination conducts a second level review.

Enrollee Success Stories

The CWP positively impacted the lives of many people in the State of Alabama during the three years of the demonstration period. Below are some of the program's success stories.

JJ

JJ is a 33-year-old resident of Foster, Alabama, who has been enjoying the benefits of the Community Waiver Program (CWP) since enrolling in May 2022. Known for his love of the outdoors, hunting, and playing softball, JJ is also an avid Auburn football fan. When he first joined the program, he told his support coordinator he did not want to work. However, with collaboration between the support coordinator, ADRS-VR, and later the United Cerebral Palsy of West Alabama (UCPWA), JJ was able to explore job opportunities that aligned with his interests and lifestyle.

His first job was with Tuscaloosa Parks and Recreation, where he worked on a golf course doing maintenance, weed control, and cleaning. While he enjoyed the job, he decided to leave when deer season opened so he could focus on his passion for hunting. Recognizing his potential, UCPWA continued to support him in exploring new job opportunities, eventually leading him to a position at Home Depot. There, he found a fulfilling role in assisting customers with purchases, loading trucks, stocking shelves, and caring for plants. He works three days a week for a total of 18 hours, which allows him the flexibility to continue hunting with his father and working at their nearby hunting lodge.

JJ has thrived in his new position, forming strong friendships with his coworkers, who support him outside of work. This past year, they came to cheer him on at his Tuesday night softball games, bringing signs and rallying around him as he played.

Outside of work, JJ enjoys spending time at the hunting lodge, driving tractors, mowing grass, building fences, and performing other outdoor activities. He participates in the Big Dream Program, which connects him with friends who share his enthusiasm for outdoor adventures. A true sports fan, JJ is also enthusiastic about baseball and football, whether he's playing, watching, or tossing a football around with friends or family.

In addition to his outdoor activities, he shares a love for cooking with his parents. He enjoys quality time with his sister, friends, and family, and maintains a strong sense of independence, managing his own cell phone and Facebook page.

JJ expresses great satisfaction with his life and the choices he makes each day. He proudly tells everyone that he is "living his best life," and, with the support of his family and the CWP, he wouldn't change a thing.

MW

At just 24 years old, MW is a beacon of determination and independence. With the unwavering support of her mother and the services and supports through the CWP, MW has transformed her life since joining the program a year ago. Initially, her goals were straightforward: to maintain her job at Children's of Alabama Hospital's cafeteria, cultivate a peer group, and gain the confidence to explore her community on her own.

Not only has MW achieved these goals, but she has exceeded expectations. Her inspiring journey led her to start speaking engagements, which eventually caught the attention of her employer. Impressed by her passion and motivation, they offered her a position in the Hearing and Speech Department to help children learn to use assistive devices. In her negotiations, MW secured a pay increase, showcasing her newfound confidence.

MW has also taken charge of her transportation needs, organizing her own rides to work, and allowing her mother to focus on personal endeavors. She has gained the independence she's always sought by embracing self-directed services. MW's journey is a testament to empowerment, proving that with support and determination, she can take on the world.

CF

CF enrolled into the CWP in March 2023. At the time of enrollment, he was already aware of CWP because he had received supports from the 310-support coordination agency. Currently, CF works two jobs to help his parents pay his tuition at University of Alabama (UA) and he is constantly looking for grants or other ways to earn money for his tuition.

He is self-directing his services and serves as his own EOR (Employer of Record). This allows him to hire and fire his staff and direct the services that he needs. He utilized VR services to start his employment career.

CF lives a remarkably busy life like most US college students. He juggles college classes, living in the dorm with four other housemates, and working at Aramark/Bama Dining. He was initially working in the UA sports equipment room (hoping to get to work exclusively with the football team); but after he graduated from Shelton State Junior College with a culinary certificate, he started working in local restaurants. CF specializes in desserts but will jump in and help wherever he is needed. He works around 20 hours a week.

College life offers a lot of social opportunities. He is a member of UA’s Special Olympics softball team where he plays second base and the basketball team where he plays a forward position. He leads Sunday night music at his church. Another interest is theater performance. He just participated in Charlie and the Chocolate Factory on the UA campus. In his small amount of free time, he and his parents like to go to the beach and all Alabama sporting events. CF is always in the student section at UA football games, men’s basketball games, and women’s softball games.

Following the completion of the culinary program at Shelton State, CF then enrolled in the Crossing Points Tier 3 program at UA. The Crossing Points Certificate in Occupational Studies (CCOS) is a non-degree certificate program for young adults with intellectual disabilities interested in pursuing postsecondary education at The University of Alabama.

CF and his family are so excited about being a part of the CWP Waiver. “This is the waiver for him,” said his mom. He is excited to use the CWP services, such as assistive technology, co-worker supports, and since he hopes to purchase a home, he plans to use housing start up assistance and housing counseling. While he does have his driver’s license, he currently does not like to drive, so transportation is also a service he plans to use. CF and his mom are working on his anxiety of driving in traffic. He often uses self-directed transportation of ‘buggy ride’ a pay per ride service at UA to get to and from his jobs and classes. CF feels like he can do anything in life because he has the support of his family, and strong belief that God places things in your life when you need them. Hence, the CWP will provide assistance he navigates his life path.

Services Most Utilized

As of September 30, 2024, the services most requested by CWP participants across all five regions were as follows, in order of highest demand:

• Self-Directed Community Transportation	23%
• Self-Directed Personal Assistance - Community	23%
• Agency Community Transportation	22%
• Self-Directed Personal Assistance- Home	19%
• Agency Personal Assistance - Community	17%
• Self-Directed Breaks and Opportunities (Respite)	17%
• Assistive Technology & Adaptive Aids	17%
• Community Integration Connection and Skills Training	16%
• Community-Based Residential Services	10%
• Agency Personal Assistance Home	8%

This pattern of requested services is aligned with expected utilization in a program focused on preserving current living arrangements, keeping families together and supporting community integration. The low use of Community-Based Residential Services reflects the focus on preserving community living arrangements but also the focus on using less restrictive residential options (i.e., Adult Family Home; Supported Living-Intensive) to meet needs.

Policy and Administrative Difficulties in Operating the Demonstration

Enrollment Challenges:

In Y3, the CWP continued to face ongoing challenges with increasing enrollment numbers at the targeted pace. The table below summarizes the new enrollments in Y3.

Demonstration Year 3 Enrollments by Region and County								
Region	Counties	Enrollment Group:						NET
		Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Disenrollments	
Region 1	Madison	5	5	7	3	0	10	10
	Morgan	0	0	6	1	0	4	3
	Limestone	0	1	2	0	0	1	2
Region 2	Tuscaloosa	1	10	5	1	0	5	12
	Walker	1	0	4	1	0	4	2
Region 3	Mobile	0	4	8	6	0	4	14
	Baldwin	1	4	6	0	0	4	7
Region 4	Montgomery	0	0	3	2	0	8	-3
	Elmore	1	0	0	3	0	1	3
	Houston	0	1	2	2	0	7	-2
Region 5	Jefferson	3	3	9	12	2	17	12
Group Enrollment TOTALS:		12	28	52	31	2	65	
Demonstration Year 3 Total Enrollments (Net)								60
Demonstration Year 3 Total Enrollments (Gross)								125

While eligible individuals exist on the waiting list, 310 agencies responsible for supporting individuals to access services have not been keeping in contact with those on the waiting list and therefore, up to date contact and eligibility information is often missing from the records of individuals on the waiting list. As a result, ADMH/DDD has struggled to find some people on the waiting list and secure appropriate eligibility information for enrollment. In addition, as ADMH/DDD staff not directly involved in the CWP have begun doing outreach efforts to facilitate enrollment, there have been lower enrollments than when CWP Support Coordination staff performed outreach. Additionally, the procedures required to complete enrollment are being completed at a very slow pace. The independent evaluation shows that statewide net enrollments declined in the legacy waivers during Y3 and only increased by 23% in the CWP. Across the three years of the CWP's operation, the independent evaluation shows the legacy waivers averaged 120 net enrollments per year across 56 counties while the CWP averaged 166 enrollments per year across 11 counties. Y3 of the CWP was also the first year that enrollments were decreased in certain regions due to lack of Support Coordination capacity. As discussed previously, it is anticipated new human resource classifications will resolve this issue. Overall, problems with enrollment remain one of the most challenging aspects to ending the waiting list.

The lack of an effective outreach strategy for Group 5 continues to be a challenge for ADMH and the 310 Boards charged with facilitating enrollment into the waivers. A total of three individuals have been enrolled into Group 5 since the launch. ADMH/DDD leadership is working on an amendment to the CWP that proposes to change the minimum age for Group 5 from 22 to 18. This will enable ADMH and 310s to reach eligible individuals through high schools and educate them about the opportunity to immediately enroll in the CWP to support their successful transition to adulthood. Additionally, during Y3/Q4, the legacy waivers received approval of amendments that revised eligibility criteria. The

required IQ score changed from below 70 to 72 and below. The age of onset changed from “prior to age 18” to “prior to age 22”. CWP leadership anticipates proposing these eligibility changes for consistency across the waiver programs and to expand access to the CWP.

ADMH/DDD Administrative Staffing Challenges, Underlying Causes, and Strategies to Address Challenges

Two of the three credentialing staff positions became vacant during the year, but the vacancies were quickly filled. The credentialing vacancies allowed for reconsideration of flexibility in the employee’s office base which made it easier to fill the positions. In other words, one position was approved to be based in either the Region IV or Region V office depending on the preference of the employee hired.

Appropriate Program Capacity and Expertise to Respond to New Referrals and Participants in Crisis

In Y3, the need for effective, readily available, crisis intervention and stabilization services was reinforced and affirmed. It is recognized that the answer to someone who is in a mental health/behavioral crisis is not a traditional group home with highly restrictive staffing (e.g., 2:1 or 3:1). This arrangement may contain the crisis but it typically will not address the underlying cause of the crisis in a way that can stabilize the individual and get them out of crisis. The lack of group homes that can provide 2:1 or 3:1 staffing is not the problem. In fact, the real problem is the lack of true, crisis intervention and stabilization services:

- There is a lack of statewide crisis response capacity with professionals trained to work with individuals with ID and their families to stabilize the situation, avoiding unnecessary police involvement or abandonment of individuals at emergency rooms or other acute care settings.
- There is a lack of adequate mental health professionals, who will accept Medicaid, with experience and/or training to work with individuals with ID and their families and to prescribe medications based on the most up-to-date research and evidence base.
- There is a lack of crisis stabilization units where individuals who cannot be stabilized in their community location can be taken for short-term crisis stabilization leading to planful return to their home, family and community. ADMH/DDD is sometimes forced to send individuals out of state for this kind of critical treatment. Efforts to develop these crisis stabilization units in-state have not yet led to consistent success for individuals referred.
- Too often, people exhibiting behavior that indicates they are in crisis are assumed to have a disability that causes this behavior, and there is an assumption there is no intervention(s) that can help. Legitimate mental health conditions are missed and therefore not treated.
- Not enough behavioral specialists (BCBAs) work with people who live with their families, and those that do are not able to stay engaged over time in a way that proves effective for the family and their family member with ID.

ADMH/DDD continues to collaborate with community partners and continues to seek the organizations and professionals with the experience and expertise to operate the above crisis intervention and stabilization services effectively and cost-effectively. Project Transition (PT) is an organization with expertise and experience with whom ADMH has contracted. PT is an experienced multi-state provider specializing in serving individuals with dual diagnosis in the least restrictive community setting possible. Primarily, PT works with adults (including young adults approaching their 18th birthday) with ID who struggle with serious mental illness, co-occurring substance use disorder, and/or behavioral challenges. While they are establishing their Alabama-based operation, the CWP has referred approximately 23 referrals and participants to PT. Their involvement has helped facilitate successful transitions out of in-patient and other highly restrictive settings. ADMH/DDD has also invested in two existing providers – The Learning Tree and Glenwood – to operate crisis stabilization residential units for children and adults, intended to stabilize individuals and defuse their crises so they can return to community living, either with their family/natural supports or in a waiver-funded option like Supported Living-Intensive: Adult Family Home or group home. PT is also consulting with The Learning Tree and Glenwood.

Other Key Challenges, Underlying Causes, and Strategies Implemented to Address these Challenges

Support Coordination Staffing Challenges, Underlying Causes, and Strategies to Address Challenges

ADMH/DDD continued to face staffing challenges during most of Y3. However, clear improvements were seen near the end of Y3. During Y3, the CWP accomplished the development of new human resource classifications for ADMH/DDD Support Coordinators to attract more qualified applicants to fill positions. This has helped address the workforce crisis

which has impacted ADMH/DDD similar to it has impacted the provider community. ADMH/DDD initially used existing human resource classifications to hire Support Coordinators. These required a minimum of two years' experience for entry level Support Coordination positions. The new classifications create a career path for Support Coordinators, including a trainee position that allows new college graduates who are seeking experience to enter this field of work. Further, the new classifications offer more opportunities for advancement with the establishment of (1) Support Coordinator; (2) Support Coordinator Senior; and (3) Support Coordination Manager. Since the change in the classifications, ADMH has experienced a significant increase in qualified applicants for Support Coordination positions. This has resulted in the ability to continue to enroll new participants, get Support Coordinator caseload sizes to the original target of 23, and increase the amount of time managers have to mentor and oversee their staff. ADMH leadership also worked closely with the ADMH Human Resources office to ensure vacancies were announced as quickly as possible and timely interviews scheduled once qualified applicants were identified. At the end of Y3, including new staff that recently accepted positions, there were a total of only three vacancies within the ADMH/DDD CWP Support Coordination workforce out of 22 approved positions. This represents a 13% vacancy rate. While vacancies did create challenges, two of the four regions where ADMH/DDD staff provide Support Coordination, achieved full staffing at the end of Y3. As the CWP enters year four, it is anticipated these changes will improve both participant and Support Coordinator satisfaction with their experience of being involved in the CWP. Additional Support Coordinators are expected to be hired in Y4 as enrollments increase.

Currently, the total number of ADMH/DDD CWP support coordinators across the four regions is 22, with three vacancies. The Region II 310 support coordination agencies have six staff.

Region	Current Staff Total (Incl. Supervisors)	Resignations	New Hires	Remaining Vacancies	Full Staff Cadre
1	3	1	1	2	6
2	6	0	0	0	6
3	6	0	3	0	6
4	2	2	2	1	3
5	7	0	3	0	7

While there are many challenges that CWP Support Coordinators (SCs) face, one thing that all SCs consistently agree upon is the intrinsic reward of the work they do for each individual. The opportunity to make a meaningful difference in the lives of those served is the drive that inspires. Staffing for FY25 continues to be one of the top priorities for CWP moving forward.

Provider Network Challenges, Underlying Causes, and Strategies to Address Challenges

The CWP continued to assess and address ongoing service gaps in all regions primarily attributed to direct service professional (DSP) shortages. This has been an ongoing challenge since the launch of the CWP which occurred shortly after the height of the COVID-19 Public Health Emergency (PHE). Nationally, the picture is not that much different. The 2023 edition of the *State of America's Direct Support Workforce Crisis* was informed by 581 distinct provider organizations that together support people with I/DD in 45 states and the District of Columbia. Among the key findings are:

- 95% of respondents indicated they had experienced moderate or severe staffing shortages in the past year.
- More than half (54%) of respondents indicated they deliver services in an area where few or no other providers deliver similar services.
- More than three-fourths (77%) of respondents reported turning away new referrals in the past year due to ongoing staffing shortages.
- 72% of respondents reported that they had experienced difficulties adhering to established quality standards due to ongoing staffing challenges.
- Of those respondents that reported offering case management services, fully three-fourths indicated they had experienced difficulties connecting people with services due to a lack of available providers.

The results of the ANCOR study corroborate the feedback ADMH/DDD received from CWP providers during Y3. However, based on the growth of the network in Y3 and feedback from Support Coordinators, fewer individuals have to wait for a service provider that has staff to meet their assessed needs.

After an ADMH/DDD rate study in FY23, implementation of increased rates in the legacy waivers in FY24 and the continuation of a 30% state-funded rate enhancement for all delivered services in the CWP has helped providers stabilize and reduce their staffing challenges. These rate enhancements will continue until the CWP amendments increasing expenditure caps to allow for rate increases is approved by CMS. In addition, regular CWP provider meetings are held with providers on the second Thursday of each month to address ongoing concerns with staff shortages and other issues for CWP providers. These meetings are positive. Providers are also able to share success stories during the meetings.

Key Achievements and the Conditions or Efforts to which these Achievements are Attributed

Provider Network Successes

Y3 saw an increase in the number of agencies signing on to be part of the CWP provider network. A successful RFP for additional providers was conducted in Y3, following the completion of a rate study leading to updated rates for the CWP that ADMH/DDD intends to implement after amending or renewing the CWP waivers. Overall, the network grew to a total of 54 providers across the five regions. The RFP was released in June following a scheduled bidders conference, which provided an overview of the CWP and allowed interested agencies to ask questions. The response rate to the RFP was the best received since the launch of the CWP. A total of 14 agencies responded with 12 agencies meeting criteria for selection. These agencies will complete their enrollment and finalize their contracts to deliver services early in Y4.

During Y3, the first two CWP-Adult Family Home (AFH) opened. This service offers participants who need residential placement the opportunity to live with a family that provides the residential support needed in a lesser restrictive environment than a traditional group home. Participants have the opportunity to become a member of the family that they live with. During Y3, a new provider was credentialed to expand this service in year four. ADMH/DDD also introduced a financial incentive in Y3 to both AFH provider agencies and host homeowners for each new AFH setting established. The demand for AFH is increasing as people learn about this option and recognize it as an alternative to a group home setting. There are also tax advantages for AFH host homeowners to who provide the service in their homes. The IRS allows these providers to disregard the Medicaid HCBS AFH income they receive from their taxable income, helping ensure these providers can make a living wage providing this vital service for CWP participants.

Overall, the number of Temporary Operating Agreements (TOA) requested by CWP providers and approved by the ADMH Office of Certification during Y3/Q4 totaled six and the total number of TOA's requested for Y3 totaled 40.

Ensuring Fully Trained Direct Support Professional Workforce for the CWP

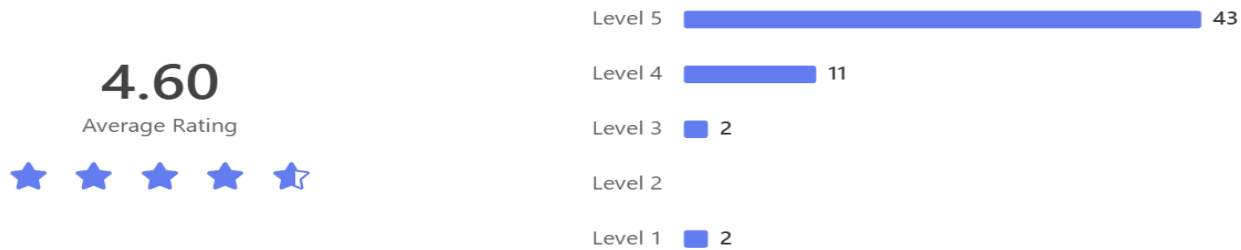
The CWP continues to focus on ensuring a qualified and well-trained direct service workforce within the network of providers. This is accomplished through offering a formal, competency-based badge curricula developed and managed by key contracted partners including the Tennessee Board of Regents (TBR) and the Columbus Group who coordinates the entire CWP Provider Readiness Initiative. Throughout Y3, ADMH/DDD continued to:

- Provide a competency-based online, on-demand, training course for DSPs working in the CWP free-of-charge for providers. Training content was developed by national experts. ADMH/DDD allowed for portability of the credential earned.
- Eliminated duplication of training requirements by reminding providers of policy guidance allowing DSPs who have completed the required training for CWP to be considered trained for providing services in the legacy ID and LAH waivers.
- Continued to allow DSPs to complete just the initial portion of the training before they can begin providing basic-level CWP services, moving completion deadlines for the remainder of the required trainings to after the DSP begins providing CWP service.

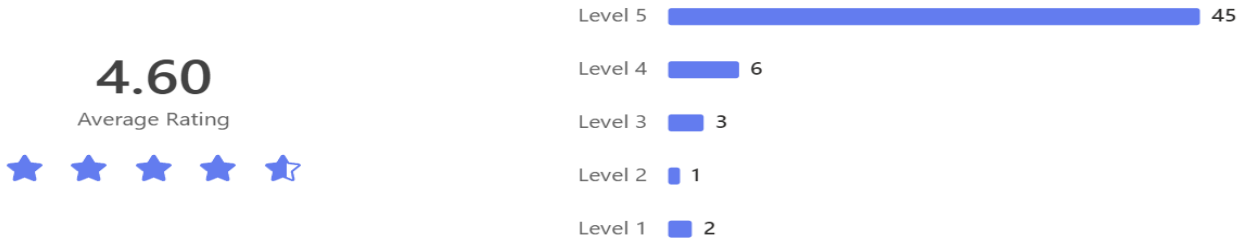
- Provided, free-of-charge for providers, a competency-based online on-demand training course for provider agency supervisors/trainers of DSPs to become credentialed “Success Coaches” to support DSPs to successfully complete their training. Research on utilization of the “Success Coach” model has demonstrated success coaching can positively impact learner achievement in terms of learner persistence, learner retention, and learner completion.¹
- Provided, free-of-charge for providers, third-party Success Coaches when providers did not have internal staff available to act in this role.

During Y3, TBR, who hosts the AL Employment and Community First (AL ECF) training platform, made significant improvements to the platform which providers and learners found to be advantageous. Specifically, the enrollment process was streamlined to make enrollment and access to the platform more user friendly. Further, reading level revisions were completed to lower the reading level for the course. According to the American Medical Association (AMA) and the National Institutes of Health (NIH), the average reading skill of U.S. adults is at the eighth-grade level. The revisions brought the reading level in line with this average. TBR also developed and implemented a survey to measure satisfaction with the course and learning platform. The results are indicated below.

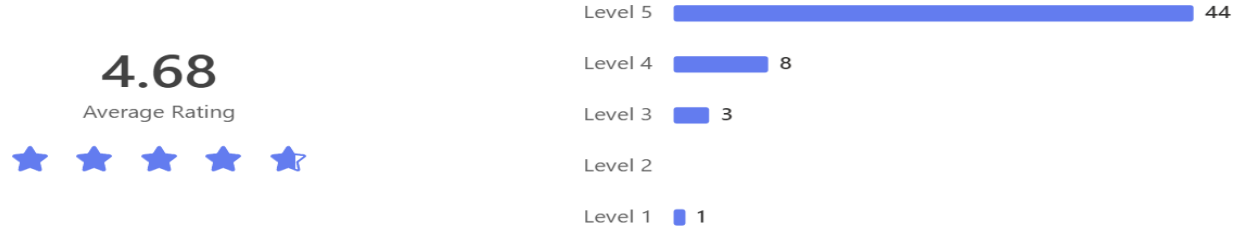
1. What is your overall satisfaction with the AL ECF course?



2. How satisfied are you with the AL ECF Success Coaching experience?



3. How satisfied are you with the course materials?



The feedback will continue to be used to make enhancements to the course, which offers DSPs a portable credential. Through ADMH/DDD policy, providers are also incentivized to send DSPs serving legacy waiver participants through the AL ECF course because this automatically qualifies them to serve participants in both the CWP and the legacy waivers. Learners enrolled for the first time during Y3/Q4 totaled 70 and for all Y3, a total of 226 were newly enrolled. At the end of Y3, new learner enrollments into the course were averaging 20-25 per month. There was a significant decrease in the average days necessary to complete the course. Prior to the enhancements, the average amount of days to complete the course was at 185. Currently, the average amount of days to complete has decreased to 73. During Y3, TBR continued to offer stipends to enrollees that met eligibility based on the federal funding source. The stipends are intended to increase the Direct Service Professional (DSP) workforce in rural and under-served areas of the state. At the end of Y3, a total of 66 DSPs had received the \$1,300.00 stipend for completing the course. This stipend is also credited for contributing to the improvements in course completion rates as well as the shorter average time to complete the course. The learners that completed AL-ECF training during Q4 totaled 47, and for FY24, 165 completed the training.

TBR also added two tools to be utilized with the updated AL-ECF 2.0 training platform.

- Tool One: Administrators Portal. This tool was created to give agency managers the ability to enroll their learners and monitor their learners progress immediately without needing to contact TBR support staff or the CWP Provider Network Manager.
- Tool Two: Slate Report Notification, which provides ADMH with data snapshots consisting of:
 - Learners enrolled,
 - In Progress,
 - Complete,
 - Withdrawn.

Lastly, TBR finalized the two additional training courses - Family Empowerment & Independent Living Skills - and are now available to learners on demand virtually upon completion of course registration.

[Ensuring Quality in Provider Credentialing through a Collaborative Partnership with The Council on Quality Leadership \(CQL\)](#)

Credentialing staff continued to collaborate with the Council on Quality and Leadership (CQL) during Y3 to advance best practices in provider credentialing for the CWP. Due to the success of CWP tool created by CQL, a similar tool was developed for providers of legacy waiver services using insights from the CWP credentialing tool in an effort to ensure consistency. Credentialing staff are working closely with CQL to review features of the new tool developed for the legacy waivers to determine if features of this tool might enhance the CWP tool. As a result of some enhancements, the final version of the credentialing tool for the CWP is not expected until Y4/Q2. Once the final version is reviewed and approved by AMA, formal trainings on the finalized tool will be held with CWP providers.

CWP credentialing staff continued to receive positive feedback from provider agencies regarding their approach and the providers' experience with the credentialing process. Agencies across all five regions received individualized support, including Microsoft Teams access to streamline documentation and upload and access to the CQL Credentialing workbooks. Providers appreciated the transparency and collaborative approach of credentialing staff. Providers have expressed their gratitude during provider network meetings. Provider satisfaction surveys confirmed strong engagement. Some agencies struggled to meet documentation requirements, necessitating remediation plans. Others have struggled with retaining staff to meet service needs. Credentialing staff will continue to monitor and work closely with agencies that encounter challenges.

Despite credentialing staff turnover, the credentialing work continued because each staff that left the position, fulfilled their assigned responsibilities. ADMH/DDD was able to quickly fill the credentialing staff vacancies and new staff were trained and were able to resume the work of the previous staff without delays.

In summary, despite challenges with staffing and some provider challenges, credentialing's proactive engagement and emphasis on transparency has established a solid foundation for credentialing. Moving forward, credentialing aims to

leverage the positive momentum with providers, address challenges in documentation and tool alignment, and support staff continuity and development for sustained success.

Information Technology System

Therap Incident Prevention and Management System (IPMS)

The process of launching Therap CWP Incident Prevention and Management System (IPMS) was initiated in Y1/Q3. Beginning in Y2/Q1, ADMH/DDD began a state contract with Therap to replace the current electronic record system (ADIDIS/WellSky). As part of this process, staff are meeting with Therap weekly to discuss improvements to the system, including but not limited to the incident management module. With the proposed changes, it will eventually be easier to pull incident data and filter by waiver to make better comparisons between the CWP demonstration waiver and the legacy waivers (ID/LAH). However, the projected date of implementation is not until year four and five (Y4 and Y5) of the demonstration.

As discussed in previous QMRs, currently, in the IPMS system being utilized (Therap), there is not a simple method to sort incidents by waiver. The ADMH/DDD quality assurance staff worked to pull manual data to indicate CWP participants by name by matching to gain accurate counts for all CWP reportable incidents throughout the life of the waiver, since inception in 2021. Prior reports indicate the inability to identify the incidents utilizing the system, but ADMH-DDD now has complete data for each waiver year for the CWP.

There were 15 reportable incidents submitted in the CWP for Y3/Q4. There was a total of 39 reportable incidents during Y3. Abuse, neglect, and exploitation allegations that were not substantiated are not included in the breakdown below.

Year 3 Incident Data	
Incident Type	Occurrences
Neglect (substantiated)	3
Verbal Abuse (substantiated)	2
Psychiatric Hospital Admissions	10
Medical Hospital Admissions	2
Emergency Room Visits	3
Law Enforcement Involvement	4
Manual Restraints	7
Chemical Restraint	1
Relocation (pest control)	1
Suicide Threat	1

A review of the incidents during the year does not indicate any patterns or trends. Out of the seven manual restraint incidents, a total of five were from the same waiver participant who has this intervention as part of his behavioral support plan. This participant also accounts for the one chemical restraint, which is a PRN psychotropic medication administration that is part of his approved plan. This incident was also classified as neglect because the staff administered a double dose of the medication. They were decertified as a medication administrator. Other substantiated neglect incidents included a fracture that occurred during the provision of self-directed services, and an incident involving improper restraint by a family member during the course of self-directed services that resulted in minor injury. A Special Team Meeting was convened in both cases to address concerns and ensure health and safety measures were in place for these waiver participants. Both verbal abuse allegations were investigated by the responsible provider. In both verbal abuse incidents, provider staff members yelled and cursed at waiver participants and the staff members' employment with each agency were terminated. In one case, the cousin of two waiver participants came to their home during the provision of self-directed services and was verbally aggressive. Their staff member called law enforcement and their cousin left without incident.

Administrative Code

There were no administrative code updates in Y3.

Identified Beneficiary Issues and Complaints

There were no complaints/issues reported for this reporting period. Please see public forum comments on p.8 of this report.

Lawsuits and or Legal Actions

There were no lawsuits or legal actions related to the CWP for the third demonstration year.

Legislative Updates

The ADMH Office of Legislative and Constituent Affairs supported Commissioner Boswell in submitting the Department's 2025 Legislative Agenda to the Governor's Office on November 1, 2024. As requested by the Governor's Chief of Staff, ADMH listed several bills it anticipates being filed this session, along with legislation the Department will support. Bills we anticipate supporting include the following:

- Houston Hunter Act
- Tax Credit for Gun Safety Equipment
- School Cell Phone Restriction Supported by ALSDE

ADMH identified its FY 2026 Budget Request as its number one priority. The Office of Legislative and Constituent Affairs worked with each Division as well as ADMH stakeholders to collect data and draft budget narratives required for the budget request.

Unusual and Unanticipated Trends

There were no unusual or unanticipated trends during the third demonstration year.

STC 41: Performance Metrics

In Y1/Q1, the State established a set of key performance metrics aligned with the goals for the CWP. The performance metrics below are intended to provide data to demonstrate:

- A. How the State is progressing towards meeting the demonstration's goals.
- B. The effect of the demonstration in providing insurance coverage to beneficiaries and the uninsured population.
- C. Quality of care through beneficiary satisfaction surveys and grievances and appeals.
- D. How the demonstration is ensuring HCBS Rule compliance and advancement of the Rule's underlying goals.

Additional metrics will be added to future monitoring reports, including metrics evaluating quality of care and cost of care, once sufficient enrollments are achieved to effectively implement these metrics. Below are the initial performance metrics the State established and where available, data is presented for the first demonstration year.

- A. Data Demonstrating How the State is Progressing Toward Meeting the Demonstration's Goals
Program Goal #A1: Enroll five hundred (500) participants in first year of CWP.

***Metric #1:** Total enrollments as compared to total targeted enrollments for the reporting period.*

Numerator: Total enrollments for the reporting period.

Denominator: Total targeted enrollments for the reporting period.

Data Collection Methodologies: Enrollments are entered into the Alabama Department of Intellectual Disabilities Information System for Case Management and Claims Billing (ADIDIS), on the Regional Office Waiver Registration Screen by the Regional Office Waiver Coordinator. A report summarizing enrollments during the reporting period is pulled from

ADIDIS to obtain the numerator. The denominator is based on the table below illustrating the Anticipated Pace of Enrollments, which corresponds with each quarterly and the first annual STC reporting periods. This data is compared to reports provided by the Alabama Medicaid Agency (AMA), which are utilized to calculate the numbers provided throughout this report.

	<u>Total Targeted Net Enrollments Statewide</u>	<u>% of Targeted Net Enrollments for Year 3</u>	<u>Program Inception to Date Net Enrollment Goal</u>
<u>Y3/Q1</u>	<u>95</u>	<u>25%</u>	<u>447</u>
<u>Y3/Q2</u>	<u>95</u>	<u>25%</u>	<u>542</u>
<u>Y3/Q3</u>	<u>94</u>	<u>25%</u>	<u>637</u>
<u>Y3/Q4</u>	<u>95</u>	<u>25%</u>	<u>732</u>

Data for the Demonstration Year (Y3):

<u>Total Net Enrollments for the Reporting Period</u>	<u>Total Targeted Net Enrollments</u>	<u>Performance</u>
60	379	16%

Data for the Demonstration Since Inception:

<u>Total Net Enrollments for the Reporting Period</u>	<u>Total Targeted Net Enrollments for Y3</u>	<u>Performance</u>
404	732	55%

Data Discussion:

See discussion under Enrollment Challenges section that appears earlier in this report.

Program Goal #A2: Support participation in competitive integrated employment by CWP participants

***Metric #1:** Percentage of working-age CWP participants who enrolled with a goal to obtain or maintain competitive integrated employment*

Numerator: Total CWP enrollments, ages 14-64, with enrollment priority for obtaining or maintaining competitive integrated employment.

Denominator: Total CWP enrollments, ages 14-64, for the reporting period.

Data Collection Methodologies: When enrollments are entered by the Regional Office Wait List Coordinator, the ADIDIS “Demographics” screen is also filled in using data from CWP Waitlist Details Database, including the enrollment priority category. ADMH/DD is using this demographics screen data in ADIDIS for this metric, which tracks each CWP enrollee’s Enrollment Priority Category selected from the following options:

1. Preserve existing living arrangement.
2. Obtain/maintain competitive integrated employment.

3. Preserve existing living arrangement AND obtain/maintain competitive integrated employment.

New enrollees during the reporting period, ages 14-64 and in categories two (2) and three (3), are counted in the numerator.

Enrollments are entered into the ADIDIS system's Regional Office Waiver Registration Screen by the Regional Office Waiver Coordinator. A report summarizing all new enrollments, for individuals ages 14-64, during the reporting period is pulled from ADIDIS to obtain the denominator. This data is compared to reports provided by the Alabama Medicaid Agency (AMA), which are utilized to calculate the numbers provided throughout this report.

Data for the Year Three Reporting Period:

Total CWP enrollments, ages 14-64, with enrollment priority for obtaining or maintaining competitive integrated employment	Total CWP enrollments, ages 14-64, for the reporting period	Performance
27	96	28%

Data for the Demonstration Since Inception:

Total CWP enrollments, ages 14-64, with enrollment priority for obtaining or maintaining competitive integrated employment	Total CWP enrollments, ages 14-64, for the reporting period	Performance
164	448	37%

Data Discussion:

During the third demonstration year, 28% of working-age enrollees expressed interest in obtaining and maintaining competitive integrated employment as a reason for their desire to enroll in the Community Waiver Program. Since inception of the waiver, 37% of working-age enrollees expressed interest in obtaining and maintaining competitive integrated employment. It should be noted in year three, there were two enrollees missing data (no identified priority group). There were also 16 removed from the denominator in year three due to being younger than 14 or older than 64.

Program Goal #A3: Keep families together and supporting independent living as the optimal community living options

***Metric #1:** % of CWP participants that are living with family/natural supports or living in an independent living arrangement.*

Numerator: Total CWP participants as of the last day of the reporting period that are living with family or other natural supports or living in an independent living arrangement.

Denominator: Total CWP participants as of the last day of the reporting period.

Data Collection Methodologies:

Within the first thirty (30) days of enrollment, support coordinators are responsible for obtaining and entering correct information on "Residence Type" into ADIDIS "Demographics" screen for each CWP participant. A "Date Residence Type Updated" field is also required to confirm updating of the Residence Type field is occurring at regular intervals. On a quarterly basis, after initial enrollment, the support coordinator is required to collect and record updated information on Residence Type using the required "CWP Face-to-Face Visit Tool." The support coordinator is then required to use

information collected to update the “Residence Type” and “Date Residence Type Updated” in the ADIDIS “Demographics” screen for each CWP participant. A report is pulled from ADIDIS as of the last day of the reporting period to determine how many CWP participants, as of the last day of the reporting period, have a residence type that indicates they are living with family/natural supports or living in an independent living arrangement. This number is the numerator. Data from the ADIDIS CWP Participant File is pulled, as of the last day of the reporting period, to obtain the denominator.

Data for the Demonstration Since Inception:

Total CWP participants as of the last day of the reporting period that are living with family or other natural supports or living in an independent living arrangement	Total CWP participants as of the last day of the reporting Performance period	
377	404	93%

Data Discussion:

Through the third demonstration year, CWP enrollees that were seeking services to sustain their family/natural living arrangement or to live independently with supports remains high. Overall, as of the last day of the third demonstration year, 93% of CWP enrollees were being supported to sustain family/natural living arrangements or live independently.²

Program Goal #A4: Support use of self-direction by CWP participants

Metric #1: % of CWP participants who are opting to self-direct one (1) or more of their services.

Numerator: Total CWP participants as of the last day of the reporting period who have one (1) or more services in their Person-Centered Plans that can be self-directed and who are self-directing at least one (1) of those services.

Denominator: Total CWP participants as of the last day of the reporting period who have one (1) or more services in their Person-Centered Plans that can be self-directed.

Data Collection Methodologies: Regional Office Fiscal Managers enter service authorizations into ADIDIS from approved Person-Centered Plans for CWP participants, previously entered into ADIDIS by support coordinators. The denominator is generated by running a report from the ADIDIS CWP Participant File, as of the last day of the reporting period, to obtain the complete list of CWP participants. For this list of CWP participants, a service authorizations report is then run, as of the last day of the reporting period, for all CWP service types that can be self-directed. The total number of CWP participants with one (1) or more CWP service types that can be self-directed authorized, constitute the denominator.

For those CWP participants included in the denominator, a service authorizations report is run, as of the last day of the reporting period, for all CWP service codes that indicate self-directed services are authorized. All CWP participants included in the denominator that have at least one (1) self-directed service code authorized, as of the last day of the reporting period, are counted in the numerator.

Data for the Demonstration Since Inception:

Total CWP participants as of the last day of the reporting period who have one or more services in their Person-Centered Plans that can be self-directed and	Total CWP participants as of the last day of the reporting period who have one or more services in their Person-Centered Plans that can be self-directed	Performance
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² Includes individuals, age 18+, able to live in a home or apartment, that is not provider owned or controlled, with Non-Intensive or Intensive Supported Living Services, Remote Supports, or any combination of other available CWP services (not including Adult Family Home or Community-Based Residential Services).

who are self-directing at least one of those services

173

313

55%

Data Discussion:

The number of participants who have chosen to self-direct at least one of their CWP services also increased during Y3. As of 9/30/24, 55% of CWP participants have at least one service in their Person-Centered Plan (PCP) that they have chosen to self-direct and 39.1% have claims for services rendered through self-direction. During Y3, CWP leadership staff collaborated with a contractor, Applied Self Direction, to develop tools and resources for Support Coordinators to actively assist participants, when needed, with locating workers to provide self-directed services. While most participants have workers they can readily identify, some do not. To address this, these resources for Support Coordinators were developed and Support Coordinators were required to view the recorded training on these tools and resources. As of the end of Y3, only 6.4% of those self-directing were without a worker. In addition, CWP leadership implemented quarterly CWP self-direction Employer of Record (EOR) meetings to address any issues or questions presented by participants/families/EORs. These meetings also include both Financial Management Services Agencies (FMSAs) to provide updates and answer questions or address issues. The meetings thus far have been very productive. The relationship and communication between the self-directing participants and FMSAs have improved with fewer complaints and expressed concerns in Y3. Each meeting has a formal agenda and includes time for participants/families/EORs to offer comments or ask questions.

B. Data demonstrating the effect of the demonstration in providing insurance coverage to beneficiaries and the uninsured population

Program Goal #B1: Increase access to Medicaid for uninsured individuals with intellectual disabilities

***Metric #1:** % of CWP participants enrolled during the reporting period who qualified for and/or first received Medicaid coverage as a result of CWP enrollment.*

Numerator: Total CWP enrollees during the reporting period who initially qualified for and/or first received Medicaid coverage as a result of CWP enrollment.

Denominator: Total CWP enrollments during the reporting period.

Data Collection Methodologies: Enrollments are entered into the ADIDIS Regional Office Waiver Registration Screen by the Regional Office Waiver Coordinator. A report summarizing enrollments during the reporting period is pulled from ADIDIS to obtain the denominator. This data is compared to reports provided by the Alabama Medicaid Agency (AMA), which are utilized to calculate the numbers provided throughout this report.

Data for Year Three Reporting Period:

Total CWP enrollees during the reporting period who qualified for and/or first received Medicaid coverage as a result of CWP enrollment

Total CWP enrollments during the reporting period

Performance

0

125

100%

Data for the Demonstration Since Inception:

Total new CWP enrollees during the reporting period who qualified for and/or first received Medicaid coverage as a result of CWP enrollment	Total gross CWP enrollments during the reporting period	Performance
8	515	99%

Data Discussion:

Enrollees are pulled from the waiting list based in part on length of time waiting, and most typically already have Medicaid eligibility. There were no CWP enrollments during demonstration year three who did not already have Medicaid eligibility through another source. Since inception the total is eight, which represents the total number of enrollments that needed 204/205 and 376 forms to enroll. The 99% represents the number of people enrolling on the waiver who did not need assistance with Medicaid eligibility prior to enrollment.

C. Data demonstrating quality of care

Program Goal #C1: Ensure high CWP participant satisfaction

***Metric #1:** % of CWP participants surveyed during quality monitoring activities conducted during the reporting period who have measured satisfaction with the CWP that is at least 85%.*

Numerator: Total number of CWP participants surveyed during quality monitoring activities conducted during the reporting period whose measured satisfaction with the CWP is at least 85%.

Denominator: Total number of CWP participants surveyed during quality monitoring activities conducted during the reporting period.

Data Collection Methodologies: Data is pulled from “CWP Participant Satisfaction Survey” database in which CWP Quality Monitoring staff enter the date and results of each CWP Participant Satisfaction Survey conducted during the reporting period as part of provider re-credentialing processes. A report is pulled after the end of each reporting period that contains information on the total number of CWP Participant Satisfaction Surveys completed during the reporting period. This number is the denominator.

When the Quality Monitoring staff enter the results for each CWP Participant Satisfaction Survey conducted during the reporting period, the entries result in a calculated satisfaction percentage. Among all CWP Participant Satisfaction Surveys completed during the reporting period, every survey with a calculated satisfaction percentage of 85% or higher is counted in the numerator.

Data for the Year Three Reporting Period:

Total CWP participants surveyed during quality monitoring activities conducted during the reporting period whose measured satisfaction with the CWP is at least 85%	Total CWP participants surveyed during quality monitoring activities conducted during the reporting period	Performance
38	39	97%

Data for the Demonstration Since Inception:

Total CWP participants surveyed during quality monitoring activities conducted during the reporting period whose measured satisfaction with the CWP is at least 85%	Total CWP participants surveyed during quality monitoring activities conducted during the reporting period	Performance
59	69	86%

Data Discussion:

The CWP Participant Satisfaction Survey was updated to streamline the survey process, provide clearer direction and questions for people receiving services, and it was implemented using Zoho, an online platform, to simplify reporting in Y3/Q1. The survey was constructed using a Likert Scale. The Zoho survey tool has reporting capability to break down answers individually as well as aggregately. It should be noted there was a significant decrease in the number of surveys administered during Q4 due to lack of staff capacity due to the resignation of two credentialing specialists during the time period. However, overall, 39 surveys were administered throughout the third demonstration year.

Metric #2: % of CWP participants filing a grievance and/or appeal during the reporting period.

Numerator: Total CWP participants filing a grievance and/or appeal during the reporting period.

Denominator: Total CWP participants as of the last day of the reporting period.

Data Collection Methodologies: Data on all filed grievances and appeals is documented in the ADMH/DD Office of Appeals and Constituency Affairs' grievance and appeals database, which will be used to pull the number of newly filed grievances and appeals during the reporting period.

Data from the ADIDIS CWP Participant File is pulled, as of the last day of the reporting period, to obtain the denominator.

Data for the Year Three Reporting Period:

Total CWP participants filing a grievance and/or appeal during the reporting period	Total CWP participants as of the last day of the reporting period	Performance
0	404	100%

Data for the Demonstration Since Inception:

Total CWP participants filing a grievance and/or appeal during the reporting period	Total CWP participants as of the last day of the reporting period	Performance
1	404	~100%

Data Discussion:

There was a total of one (1) grievance during the first demonstration year and none during the second or third demonstration years. Therefore, no patterns or trends could be noted.

D. Data Demonstrating Results of Key Policies Adopted Under the Demonstration

Key Policy #D1: Utilize settings that conform to the greatest extent with the Medicaid Home and Community Based Services (HCBS) Settings Final Rule

***Metric #1:** % of CWP participants receiving all services in settings that are not provider owned or controlled.*

Numerator: Total CWP participants as of the last day of the reporting period with approved (signed) Person-Centered Plans who are receiving all CWP services* in settings that are not provider owned or controlled.**

**All CWP services is defined as all CWP services on the Person-Centered Plan except:*

- Occupational Therapy
- Physical Therapy
- Speech/Language Therapy
- Community Transportation
- Individual-Directed Goods and Services

***Provider owned, or controlled settings are defined as specific, residential places, in which a CWP participant resides and/or receives CWP services, that are owned, co-owned, and/or operated by a provider of CWP services.*

Denominator: Total CWP participants as of the last day of the reporting period with approved Person-Centered Plans.

Data Collection Methodologies: Regional Office Fiscal Managers enter service authorizations into ADIDIS from approved Person-Centered Plans for CWP participants that have been entered into ADIDIS by support coordinators.

The denominator is generated by running a report from the ADIDIS CWP Participant File, as of the last day of the reporting period, to obtain the complete list of CWP participants. Then, using this list of CWP participants, a service authorizations report is run, as of the last day of the reporting period, to identify the sub-set that has services authorized indicating an approved (signed) Person-Centered Plan is in place. This generates the denominator.

For the numerator, a service authorization report will be run for each CWP participant included in the denominator. Authorizations for the following service types will be excluded:

- Occupational Therapy
- Physical Therapy
- Speech/Language Therapy
- Community Transportation
- Individual-Directed Goods and Services

Remaining authorizations for each CWP participant are analyzed. A CWP participant is counted in the numerator if none of the following authorizations appear in their remaining authorizations:

- Community-Based Residential Services
- Adult Family Home
- Breaks and Opportunities (Planned Respite)

Data for the Program Since Inception:

Total CWP participants, as of the last day of the reporting period, with a Person-Centered Plan created during the reporting period, who are receiving all CWP services* in settings

Total CWP participants, as of the last day of the reporting period, with a Person-Centered Plan created during the reporting period.

Performance

that are not provider owned or controlled**

288

354

81%

Data Discussion:

Of the 354 CWP participants as of the last day of the demonstration year who had a signed PCP including services in addition to Support Coordination, only 66 were receiving a CWP-funded service in a setting that is a provider owned or controlled residential setting. This equates to 81% of participants where all services are outside of provider owned and controlled residential settings.

STC 41: Budget Neutrality and Financial Reporting Requirements

At the end of year three of fiscal year 2023, there are two Group 5 individuals placed. The annual CWP-1115 Budget Neutrality Workbook has been sent to the AMA.

STC 48: Evaluation Activities and Interim Findings

See Appendix B.

STC 30: Preferred Provider Selection

Preferred Provider Network

In the CWP, ADMH/DDD recruits providers for specific CWP services and regions, based on three factors:

1. The need to offer choice of at least two providers for each service to CWP participants.
2. The need for additional provider capacity based on referral acceptance rates and service initiation timeframes for each specific service experienced by existing CWP participants.
3. The need for additional provider capacity based on anticipated demand for each service among the anticipated new enrollments into the CWP.

This approach allows the State to manage provider network capacity in a way that reflects CWP enrollees' desires for services, as determined through a conflict-free person-centered assessment and planning process. As compared to a network management strategy requiring the State to contract with *any willing provider* for specific CWP services and regions, regardless of whether additional provider capacity is needed, the approach used in the CWP prevents *unbalanced provider capacity* from developing, which has historically led to excess capacity in certain services, thus influencing the identification of services in participants' person-centered planning processes. Instead of being based on participants' defined outcomes and assessment of related needs, identification of services can instead be driven too much by the services willing providers desire and do not desire to offer.

The CWP's ability to limit, while maintaining the adequacy of, the provider network seeks to address this issue and avoid over-utilization of certain services based on provider preference to provide, rather than a conflict-free person-centered assessment and planning process. Secondly, when a state must contract with any willing provider, the number of providers enrolled for a 1915(c) waiver can become too high for the state to adequately and effectively oversee, forcing too many resources of the state oversight agency to go to basic enrollment and compliance monitoring rather than true quality assurance and improvement work. For example, most of ADMH/DDD staff's time for managing the legacy waiver provider network has gone to re-certification reviews and addressing compliance issues with poor performing providers, leaving little to no time to work with better performing providers on quality improvement and innovation. Over time, this has created a natural tendency for ADMH/DDD to establish more rules and restrictions on flexibility in response to the focus on poor performing providers. Thirdly, when there are more providers than are needed to meet participant demand, all participating providers receive fewer referrals than needed to operate effectively and efficiently, particularly when a waiver program is smaller in size. This can compromise the success of all providers. Lastly, increasing the number of

provider agencies in a waiver provider network does not automatically translate into more DSP availability, which is the real key to increasing the availability of services. Instead, it can mean, particularly in the current workforce crisis, that more provider agencies subsequently compete for the same limited pool of workers, again compromising the sustainability of all provider agencies as an unintended result.

Under the CWP 1115(a) demonstration waiver approval, the State received federal authorization to limit the provider network based on need for capacity and provider performance. While ensuring choice of provider for the CWP participant is paramount, a limited provider network can be critical for ensuring:

- The network is made up of only the highest performing providers.
- Providers can receive enough referrals to operate effectively and efficiently.
- ADMH/DDD has sufficient capacity to work with the providers on quality improvement and innovation.
- The Provider Readiness Initiative funding is sufficient to adequately invest in and support the full provider network.
- Unnecessary rules and limitations are not placed upon providers in ways that make it difficult for providers to deliver quality services.
- Providers can recruit and retain an adequate number of DSPs to maintain their organizations.

The CWP utilizes a preferred provider network, in which providers must meet certain Preferred Provider Qualifications (PPQs) to be selected for enrollment. In addition to giving the State the ability to better ensure the provider network is the highest quality and allowing more flexibility, as described above, this also allows the State to rebalance state resources to offer more quality-oriented training and technical assistance to providers, along with rightsizing and reorienting toward more collaborative State compliance monitoring processes. ADMH/DDD maintains documentation of each provider's PPQ score.

The CWP preferred provider network must be: (1) recruited through an RFP process³; (2) meet PPQs as set forth in the waiver agreements governing the CWP; and (3) selected based on RFP score, consistent with the standards, terms and conditions set forth in applicable waiver agreements governing the CWP. Further, monitoring of provider network adequacy must be done in a systematic way, consistent with the standards, terms, and conditions set forth in applicable waiver agreements governing the CWP.

Preferred Provider Qualifications for Current CWP Providers

The minimum PPQ score for a provider to be admitted to the CWP network, if selected through the RFP process, is twelve (12). The maximum score remains 50. However, ADMH/DDD has been able to recruit and establish a provider network for the CWP that collectively achieved an average PPQ score of twenty-four (24), with a range of scores from twelve (12) to forty-two (42). The re-credentialing process has an integral focus on assisting existing providers to increase their PPQ scores over time. *See Appendix A for Indicators on Preferred Provider Selection.*

Monitoring Provider Capacity

The State began the demonstration by monitoring provider capacity on a monthly and quarterly basis.

1. A standardized tool for CWP providers to report service initiations for CWP participants and projected future capacity to accept new referrals was developed and implemented during Y1 of the demonstration.
2. In demonstration Y1, fields were added to the ADIDIS case management information system to enable CWP Support Coordinators to track referrals to providers, including dates referrals were made and dates referrals were accepted by providers. These system changes were implemented to monitor provider capacity as defined in STC 30.

³ Per ADMH/DDD policy and the CWP STCs, providers may only be added outside an RFP process if: (1) the provider is being added to serve a participant transitioning to the CWP from the Living At Home (LAH) waiver, to support continuity in services for the participant; or (2) if an RFP process has been conducted and the needed provider type was not able to be secured through the RFP process. All requirements to become a CWP provider, otherwise required, still apply to any providers added to the CWP network outside the RFP process, consistent with ADMH/DDD policy and the CWP STCs.

The State is reporting the results of its provider network capacity monitoring process in this annual monitoring report per requirements of the approved CWP Waiver, except where a reason may appear in the narrative for adopting a change because experience up to this point in the demonstration proved the original method was not effective. The data utilized includes information for Y3/Q4.

Method Step #1:

By service and by region, the State will report any changes to the number of contracted providers.

At the end of this quarter (Y3/Q4), there were fifty-four (54) providers collectively providing thirty-three (33) CWP services across the five (5) regions.

Method Step #2:

By region, the State will assess existing providers' prospective capacity to accept additional referrals for each service.

Existing CWP providers' reports on prospective capacity for Y4/Q1 are summarized in the chart below. The numbers provided include information collected from providers in September 2024 to identify their prospective capacity for October 2024.

Note: Provider response rate improved significantly with the change to reduce the frequency of reporting to only the last month of each quarter. Therefore, the data below better represents actual capacity than data presented in past reports. ADMH/DDD will implement additional steps to ensure provider response rate is 90% or higher in future.

Providers will receive formal notice from the ADMH Associate Commissioner of failure to comply with contract requirements if they do not timely submit these reports for the last month of each quarter. This, in addition to, routine outreach and reminders by ADMH/DDD staff is expected to ensure compliance.

Anticipated Capacity - October 2024	REGION 1 TOTAL	REGION 2 TOTAL	REGION 3 TOTAL	REGION 4 TOTAL	REGION 5 TOTAL	TOTAL ALL REGIONS
Adult Family Home	0	0	0	0	2	2
Assistive Technology and Adaptive Aids	9	6	0	0	0	15
Breaks and Opportunities (Respite)	4	0	13	6	2	25
Community Integration Connection and Skills	16	5	10	5	14	50
Community Transportation	16	5	11	5	14	51
Community-Based Residential Services	5	1	8	3	7	24
Employment Supports - Co-Worker Supports	1	10	0	0	24	35
SE - Individual: Career Advancement	3	4	4	2	28	41
SE - Individual: Support Discovery	6	13	4	6	28	57
SE - Individual: Exploration	6	4	0	7	28	45
SE - Individual: Job Coaching	11	7	4	5	28	55
SE - Individual: Job Development Plan	11	10	4	6	28	59
SE- Individual: Job Development	11	10	4	8	28	61
SE - Integrated Employment Path	6	1	0	5	28	40
Supported Employment Small Group	7	0	0	0	29	36
Family Empowerment and System Navigation Counseling	3	10	10	6	23	52
Financial Literacy and Work Incentives Benefits Counseling	28	14	14	20	30	106
Housing Counseling Services	1	12	2	2	27	44
Housing Start-Up Assistance	2	12	2	2	7	25
Independent Living Skills Training	4	15	3	5	20	47

Minor Home Modifications	0	10	0	0	5	15
Natural Support/Caregiver Education Training	0	0	0	0	20	20
Occupational Therapy	0	0	0	0	0	0
Peer Specialist Supports	0	0	0	0	20	20
Personal Assistance Community	7	5	8	11	30	61
Personal Assistance Home	3	5	8	11	13	40
Physical Therapy	0	0	0	0	0	0
Positive Behavioral Supports	0	1	2	2	30	35
Remote Supports Backup Contractor	0	0	0	0	0	0
Remote Supports Contractor	10	10	10	10	10	50
Skilled Nursing	0	0	0	0	0	0
Speech and Language Therapy	0	0	0	0	0	0
Supported Living Services	0	0	0	0	5	5

Discussion: With a better response rate from providers, many of the most utilized provider agency services are showing capacity for new participants across all or most regions:

- Agency Community Transportation: Capacity reported in all five regions.
- Agency Personal Assistance – Community: Capacity reported in all five regions.
- Assistive Technology & Adaptive Aids: Capacity reported in only two regions.
- Community Integration Connection and Skills Training: Capacity reported in all five regions.
- Community-Based Residential Services: Capacity reported in all five regions.
- Agency Personal Assistance Home: Capacity reported in all five regions.

With regard to services that show limited or no capacity, the following is noted:

- Some zeros may be due to lack of provider response to the survey as noted above.
- Therapies/Skilled Nursing: The proposed waiver amendments will allow subcontracting by other CWP providers which is expected to increase access. Additionally, Support Coordinator training will ensure therapies and nursing available through the State Plan (including EPSDT) are fully leveraged for CWP participants if available.
- Adult Family Home: Incentives are in available for the establishment of new AFHs and the recent RFP increased the number of providers who will be contracted to provide this service in Y4 which is expected to increase availability across all regions.
- Positive Behavior Supports: Lack of capacity in Region 1 is being offset by availability of consultation by Project Transition.
- Supported Living and Remote Supports Back-Up: ADMH/DDD will engage directly with these providers in Y4 to support their development of capacity to deliver these services and the flow of referrals from participants seeking these services. Like AFH, these are brand new services in Alabama and it is clear providers need more targeted assistance to launch these services to meet needs.

Method Step #3

Method Step #3: By service and by region, the State will track the number of referrals, the number of referrals accepted, and calculate the referral acceptance rates.

During Y3/Q4, referral acceptance rates continued to be tracked through support coordinator data in the ADIDIS system and provider monthly reports. With the ending of the COVID-19 public health emergency, according to the terms and conditions of the CWP, the State is required to seek additional providers when, by service and region, the average referral acceptance rate drops below 80%. The data for Y3/Q4 remains problematic. ADMH/DDD determined with its information technology staff that the existing data system is not able to accurately and reliably produce the data needed. ADMH/DDD is currently in the process of replacing this antiquated data system and the new system. A target date for this new system to be operational is still unknown unfortunately. However, please see the data below which shows how many CWP enrollees, by region and statewide, are waiting (no referral accepted) for one or more services from a provider agency,

including which specific services they are awaiting. This data is collected directly from Support Coordinators at the end of each quarter.

CWP Service	Reg 1	Reg 2	Reg 3	Reg 4	Reg 5	TOTAL Q4	TOTAL Q3
Respite Breaks and Opportunities	0	0	0	0	0	0	3
Community Integration Connections & Skills Training	0	0	0	5	0	5	2
Community Transportation	0	4	5	4	0	13	17
Independent Living Skills	0	0	0	0	0	0	9
Minor Home Modifications	0	0	0	0	0	0	2
Peer Specialist	0	0	0	1	0	1	5
Personal Assistance-Home	0	0	2	10	0	12	18
Personal Assistance-Community	2	0	6	8	0	16	27
Positive Behavior Supports	0	6	0	0	0	6	4
Skilled Nursing	0	2	0	0	0	3	2
Speech & Language Therapy	0	15	0	0	0	15	7
Adult Family Home or Community-Based Residential	14	2	7	4	4	31	25
Unduplicated Total Participants	16	22	20	14	4	76	74
Total Enrolled	96	101	106	42	59	404	421
Percentage Waiting for 1 or More Services	16.7%	21.8%	18.9%	33.3%	6.8%	18.8%	17.5%
Percentage Not Waiting for Services	83.3%	78.2%	81.1%	66.7%	93.2%	81.2%	82.5%

Provider network challenges improved during this quarter as outlined in the above table. During Y3, the number waiting for an agency provider for one or more services has gone down from 109 (Q2) to an average of 75 in the Q3-4 period. The percentage waiting for a provider for one or more services has gone down from 26% (Q2) to an average of 18% in the Q3-4 period. Currently 81.2% of enrollees are not waiting for an agency provider for a service. ***In addition, it's important to reiterate that only 11 participants (6.4%) out of 173 self-directing are without a self-direction worker as of the end of Y3.***

Method Step #4:

By service and by region, the State will track service initiation delays.

Because the COVID-19 public health emergency has now ended, according to the terms and conditions of the CWP, the State is now required to seek additional providers when, by service and region, the average service initiation delay exceeds 45 days.

There was a total of 8 new service initiations reported by providers in Q4. Based on all service initiations tracked and reported in Y3/Q4, the average length of time from referral acceptance (as reported by the provider) to service start was 39 days with the range from 1 to 159 days. While the average of 39 days is well below the cut-off of 45 days, due to continued concerns about lack of complete reporting from providers, ADMH/DDC concludes this method step supported the need for the release of the RFP in the prior quarter. The RFP covered all services in all regions and addressed the need for a full array of standby providers as well. Providers selected through the RFP process are still in the process of becoming contracted providers so their impact on reducing service initiation delays will become apparent in Y4/Q1.

Method Step #5:

By service and by region, the State will calculate the anticipated need for additional provider capacity to serve planned, new enrollments, basing need on service utilization patterns for existing enrollees.

In addition to using the above information to determine additional provider capacity needed, the target number of new enrollments for the next quarter are calculated by the CWP director, based on the target minimum number of statewide CWP enrollments to be achieved during the demonstration year. Based on net enrollments in the first 3 years of the

demonstration, which were less than was targeted, the goal for Y4/Q1 is 75 new enrollments, or 25 new enrollments per month. Enrollments are also targeted based on regions with the most current slot capacity with a recognition that emergency enrollments will always be done at the time the need is identified.

Total New Enrollees Anticipated in Next Month	
Region I	2
Region II	2
Region III	2
Region IV	26
Region V	43
Total Statewide	75*
*Target necessary to stay on pace to have 732 enrolled in CWP by 9/30/25	

For each region, service utilization rates for existing enrollees are used to determine how many projected new enrollees will require each CWP service. For each utilized service, in each region, the anticipated number of new enrollees needing each service is calculated. Additionally, the number waiting for each service in each region, as of 9/30/24, as noted in the above table in Method Step #3, is added to the projection of capacity needed. Due to the continued growth of the program, additional provider capacity is needed in key service areas including therapies, skilled nursing, supported living and adult family home services. ***The CWP particularly needs providers that bring a proven ability and commitment to recruit, retain and allocate new direct service professional hires to provide needed CWP services.*** The CWP looks forward to welcoming twelve (12) new providers into the CWP network in Y4 including providers of adult family home and supported living services. ADMH/DDD will work with AMA to try to address the shortage of skilled nursing and therapy providers. Subcontract options for providers, once the CWP amendments are approved, should help with this shortage.

Method Step #6:

By service and by region, when providers report they are unable to sufficiently expand the number of beneficiaries they are serving (Method #2) to address planned CWP enrollments (Method #5) and/or they are unable to achieve 80% referral acceptances (Method #3) or achieve timely service initiations within 45 days of referral acceptance (Method #4) for existing CWP enrollees, the State is required to initiate the process to increase the number of providers for the impacted service and region (i.e., selection from the Stand-by List and/or initiation of an RFP).

Results of Data Analysis:

With the continued growth of the CWP, including existing enrollments exceeding 400 and available slots exceeding 650, there is clearly a need for additional ***staffing*** capacity to serve CWP participants. There is also a need to increase standby provider capacity and this need cuts across a range of CWP service types and regions. As this report demonstrates however, the DSP shortage coming out of COVID-19 pandemic appears to be lessening with much more provider capacity reported (Method Step #2), twelve (12) new providers joining the network in Y4 as a result of the RFP process, and the percentage of CWP enrollees waiting on a provider declining consistently since Q2 of Y3.

As noted previously, the State moved ahead with a new RFP that was released last quarter which resulted in twelve(12) new providers. The informational session (bidders conference) held prior to the RFP release appeared to contribute to the provider response. The RFP also specifically highlighted current rates and pending, permanent rate increases that will be implemented after the CWP amendments are approved to raise expenditure caps to accommodate the rate increases without reducing services to participants.

The core problem with provider network adequacy continues to be the need for more DSPs to deliver services. This will not be solved by simply adding more providers to the network who ***do not have the ability and commitment to recruit, retain and allocate new DSPs to CWP service provision.*** Therefore, the statewide RFP for additional providers released last quarter included increased rates based on the recent rate study which are expected to allow providers to pay DSPs

more. The RFP selection process looked at which provider applicants can ***bring with them CWP DSP service provision capacity***. Simultaneously, the State is planning to pursue a waiver amendment to both the 1915(c) and 1115 waivers for the CWP early in Y4 to allow for increased expenditure caps for participants to offset the rate increases. It is hoped the waiver amendments bringing permanent rate increases for most services will effectively address the provider network capacity issues and ensure both referral acceptance rates and service initiation timeframes consistently fall within the required limits as outlined in the standard terms and conditions for the CWP.

Conclusion

The CWP ended demonstration year three (Y3) with many key metrics trending in the right direction. Many of the key evaluation metrics used by ADMH/DDD and the external evaluator are demonstrating the CWP is achieving success in the ways anticipated by the program design. High rates of self-direction, growing competitive integrated employment rates, high rates of sustaining families and appropriate rates of utilization for more restrictive services and settings all indicate the CWP is advancing the state's IDD system in the ways originally intended when the program was created. In terms of financial benefits, the CWP is demonstrating that people can be effectively supported before they get into crisis and when this is done effectively, average cost per person can be greatly reduced allowing more people to be served for the same limited resources that are available.

Most notably, Year 3 saw a reduction in many significant challenges initially facing the program. Timely access to services is improving with growth of capacity in both the provider network, through a successful RFP, and continued growth in the self-direction program. Issues with recruiting Support Coordinators have also improved, laying the foundation for enrolling more participants in the CWP. Year three saw no grievances filed and relationships with individuals self-directing and their EORs improved through the implementation of quarterly meetings with CWP leadership. The free, competency-based DSP training platform, offering a portable credential based on CMS core competencies for HCBS DSPs, continues to grow in use and satisfaction rates among those DSPs completing the training course remain high. The provider credentialing process, while still undergoing refinements, has received very positive feedback from the providers.

There is still work to do, most critically with accelerating enrollments and building an appropriate and effective infrastructure of services and supports to address the needs of people with ID experiencing a mental health or behavioral crisis, enabling individuals to be stabilized and their crises to be resolved. There is also work to do with regard to data systems, ensuring quality person-centered planning and service delivery, achieving compliance with performance measures, and continuing to assist individuals and families to realize the benefits of flexible, individualized home and community-based services.

The immediate priority continues to be the CWP waiver amendments which are planned for the early part of Y4.

Quarter Four Information:

Data Demonstrating How the State is Progressing Toward Meeting the Demonstration's Goals
Program Goal #A1: Enroll five hundred (500) participants in first year of CWP.

Metric #1: Total enrollments as compared to total targeted enrollments for the reporting period

Numerator: Total enrollments for the reporting period.

Denominator: Total targeted enrollments for the reporting period.

Data Collection Methodologies: Enrollments are entered into the Alabama Department of Intellectual Disabilities Information System for Case Management and Claims Billing (ADIDIS), on the Regional Office Waiver Registration Screen by the Regional Office Waiver Coordinator. A report summarizing enrollments during the reporting period is pulled from ADIDIS to obtain the numerator. The denominator is based on the table below illustrating the Anticipated Pace of Enrollments, which corresponds with each quarterly and the first annual STC reporting periods. This data is compared to reports provided by the Alabama Medicaid Agency (AMA), which are utilized to calculate the numbers provided throughout this report.

	<u>Total Targeted Net Enrollments Statewide</u>	<u>% of Targeted Net Enrollments for Year 3</u>	<u>Program Inception to Date Net Enrollment Goal</u>
<u>Y3/Q1</u>	<u>95</u>	<u>25%</u>	<u>447</u>
<u>Y3/Q2</u>	<u>95</u>	<u>25%</u>	<u>542</u>
<u>Y3/Q3</u>	<u>94</u>	<u>25%</u>	<u>637</u>
<u>Y3/Q4</u>	<u>95</u>	<u>25%</u>	<u>732</u>

Data for the Quarterly Reporting Period (Y3/Q4):

<u>Total Net Enrollments for the Reporting Period</u>	<u>Total Targeted Net Enrollments</u>	<u>Performance</u>
-3	95	0%

The enrollments for the Q4 by region, county and enrollment group are as follows:

<u>Demonstration Month & Region</u>	<u>Counties</u>	<u>Enrollment Group:</u>						
Jul-24		Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Disenrollments	NET
Region 1	Madison	2	1	0	0	0	1	2
	Morgan	0	0	0	0	0	0	0
	Limestone	0	0	0	0	0	0	0
Region 2	Tuscaloosa	0	0	1	0	0	0	1
	Walker	0	0	0	0	0	0	0
Region 3	Mobile	0	0	0	0	0	0	0

	Baldwin	0	0	1	0	0	0	1
Region 4	Montgomery	0	0	0	0	0	0	0
	Elmore	1	0	0	0	0	0	1
	Houston	0	0	0	0	0	0	0
Region 5	Jefferson	1	0	0	0	0	2	-1
July 2024 TOTAL:		4	1	2	0	0	3	
Jul-24 Net Total								4
Jul-24 Gross Total								7

Demonstration Month & Region	Counties	Enrollment Group:						
Aug-24		Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Disenrollments	NET
Region 1	Madison	0	2	0	0	0	4	-2
	Morgan	0	0	0	0	0	1	-1
	Limestone	0	0	0	0	0	0	0
Region 2	Tuscaloosa	0	0	1	0	0	0	1
	Walker	1	0	0	0	0	3	-2
Region 3	Mobile	0	1	0	0	0	2	-1
	Baldwin	0	0	0	0	0	3	-3
Region 4	Montgomery	0	0	1	0	0	2	-1
	Elmore	0	0	0	1	0	0	1
	Houston	0	0	0	0	0	0	0
Region 5	Jefferson	0	0	0	0	0	5	-5
August 2024 TOTAL:		1	3	2	1	0	20	
Aug-24 Net Total								-13
Aug-24 Gross Total								7

Demonstration Month & Region	Counties	Enrollment Group:						
Sep-24		Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Disenrollments	NET
Region 1	Madison	0	0	0	0	0	0	0
	Morgan	0	0	0	0	0	1	-1
	Limestone	0	0	0	0	0	0	0
Region 2	Tuscaloosa	0	0	0	0	0	1	-1
	Walker	0	0	1	1	0	0	2
Region 3	Mobile	0	0	0	2	0	0	2
	Baldwin	0	0	0	0	0	0	0
Region 4	Montgomery	0	0	1	0	0	0	1
	Elmore	0	0	0	0	0	0	0
	Houston	0	0	0	0	0	0	0

Region 5	Jefferson	0	2	1	1	0	1	3
September 2024 TOTAL:		0	2	3	4	0	3	
Sep-24 Net Total								6
Sep-24 Gross Total								9
Y3/Q4 Net Total								-3
Y3/Q4 Gross Total								23

Program Goal #A2: Support participation in competitive integrated employment by CWP participants

***Metric #1:** Percentage of working-age CWP participants who enrolled with a goal to obtain or maintain competitive integrated employment*

Numerator: Total CWP enrollments, ages 14-64, with enrollment priority for obtaining or maintaining competitive integrated employment.

Denominator: Total CWP enrollments, ages 14-64, for the reporting period.

Data Collection Methodologies: When enrollments are entered by the Regional Office Wait List Coordinator, the ADIDIS “Demographics” screen is also filled in using data from CWP Waitlist Details Database, including the enrollment priority category. ADMH/DD is using this demographics screen data in ADIDIS for this metric, which tracks each CWP enrollee’s Enrollment Priority Category selected from the following options:

1. Preserve existing living arrangement.
2. Obtain/maintain competitive integrated employment.
3. Preserve existing living arrangement AND obtain/maintain competitive integrated employment.

New enrollees during the reporting period, ages 14-64 and in categories two (2) and three (3), are counted in the numerator.

Enrollments are entered into the ADIDIS system’s Regional Office Waiver Registration Screen by the Regional Office Waiver Coordinator. A report summarizing all new enrollments, for individuals ages 14-64, during the reporting period is pulled from ADIDIS to obtain the denominator. This data is compared to reports provided by the Alabama Medicaid Agency (AMA), which are utilized to calculate the numbers provided throughout this report.

Data for the Quarterly Reporting Period (Y3/Q4):

Total CWP enrollments, ages 14-64, with enrollment priority for obtaining or maintaining competitive integrated employment	Total CWP enrollments, ages 14-64, for the reporting period	Performance
5	15	33%

Program Goal #A3: Keep families together and supporting independent living as the optimal community living options

***Metric #1:** % of CWP participants that are living with family/natural supports or living in an independent living arrangement.*

Numerator: Total CWP participants as of the last day of the reporting period that are living with family or other natural supports or living in an independent living arrangement.

Denominator: Total CWP participants as of the last day of the reporting period.

Data Collection Methodologies:

Within the first thirty (30) days of enrollment, support coordinators are responsible for obtaining and entering correct information on “Residence Type” into ADIDIS “Demographics” screen for each CWP participant. A “Date Residence Type Updated” field is also required to confirm updating of the Residence Type field is occurring at regular intervals. On a quarterly basis, after initial enrollment, the support coordinator is required to collect and record updated information on Residence Type using the required “CWP Face-to-Face Visit Tool.” The support coordinator is then required to use information collected to update the “Residence Type” and “Date Residence Type Updated” in the ADIDIS “Demographics” screen for each CWP participant. A report is pulled from ADIDIS as of the last day of the reporting period to determine how many CWP participants, as of the last day of the reporting period, have a residence type that indicates they are living with family/natural supports or living in an independent living arrangement. This number is the numerator. Data from the ADIDIS CWP Participant File is pulled, as of the last day of the reporting period, to obtain the denominator.

Data for the Demonstration Since Inception (Reporting Period):

Total CWP participants as of the last day of the reporting period that are living with family or other natural supports or living in an independent living arrangement	Total CWP participants as of the last day of the reporting Performance period	
377	404	93%

Program Goal #A4: Support use of self-direction by CWP participants

Metric #1: % of CWP participants who are opting to self-direct one (1) or more of their services.

Numerator: Total CWP participants as of the last day of the reporting period who have one (1) or more services in their Person-Centered Plans that can be self-directed and who are self-directing at least one (1) of those services.

Denominator: Total CWP participants as of the last day of the reporting period who have one (1) or more services in their Person-Centered Plans that can be self-directed.

Data Collection Methodologies: Regional Office Fiscal Managers enter service authorizations into ADIDIS from approved Person-Centered Plans for CWP participants, previously entered into ADIDIS by support coordinators. The denominator is generated by running a report from the ADIDIS CWP Participant File, as of the last day of the reporting period, to obtain the complete list of CWP participants. For this list of CWP participants, a service authorizations report is then run, as of the last day of the reporting period, for all CWP service types that can be self-directed. The total number of CWP participants with one (1) or more CWP service types that can be self-directed authorized, constitute the denominator.

For those CWP participants included in the denominator, a service authorizations report is run, as of the last day of the reporting period, for all CWP service codes that indicate self-directed services are authorized. All CWP participants included in the denominator that have at least one (1) self-directed service code authorized, as of the last day of the reporting period, are counted in the numerator.

Data for the Demonstration Since Inception (Reporting Period):

Total CWP participants as of the last day of the reporting period who have one or more services in their Person-Centered Plans that can be self-directed and who are self-directing at least one of those services	Total CWP participants as of the last day of the reporting period who have one or more services in their Person-Centered Plans that can be self-directed	Performance
173	313	55%

Data demonstrating the effect of the demonstration in providing insurance coverage to beneficiaries and the uninsured population

Program Goal #B1: Increase access to Medicaid for uninsured individuals with intellectual disabilities

Metric #1: % of CWP participants enrolled during the reporting period who qualified for and/or first received Medicaid coverage as a result of CWP enrollment.

Numerator: Total CWP enrollees during the reporting period who initially qualified for and/or first received Medicaid coverage as a result of CWP enrollment.

Denominator: Total CWP enrollments during the reporting period.

Data Collection Methodologies: Enrollments are entered into the ADIDIS Regional Office Waiver Registration Screen by the Regional Office Waiver Coordinator. A report summarizing enrollments during the reporting period is pulled from ADIDIS to obtain the denominator. This data is compared to reports provided by the Alabama Medicaid Agency (AMA), which are utilized to calculate the numbers provided throughout this report.

Data for Y3/Q4 Reporting Period:

Total CWP enrollees during the reporting period who qualified for and/or first received Medicaid coverage as a result of CWP enrollment	Total CWP enrollments during the reporting period	Performance
0	23	100%

Data demonstrating quality of care

Program Goal #C1: Ensure high CWP participant satisfaction

Metric #1: % of CWP participants surveyed during quality monitoring activities conducted during the reporting period who have measured satisfaction with the CWP that is at least 85%.

Numerator: Total number of CWP participants surveyed during quality monitoring activities conducted during the reporting period whose measured satisfaction with the CWP is at least 85%.

Denominator: Total number of CWP participants surveyed during quality monitoring activities conducted during the reporting period.

Data Collection Methodologies: Data is pulled from “CWP Participant Satisfaction Survey” database in which CWP Quality Monitoring staff enter the date and results of each CWP Participant Satisfaction Survey conducted during the reporting period as part of provider re-credentialing processes. A report is pulled after the end of each reporting period that contains information on the total number of CWP Participant Satisfaction Surveys completed during the reporting period. This number is the denominator.

When the Quality Monitoring staff enter the results for each CWP Participant Satisfaction Survey conducted during the reporting period, the entries result in a calculated satisfaction percentage. Among all CWP Participant Satisfaction Surveys completed during the reporting period, every survey with a calculated satisfaction percentage of 85% or higher is counted in the numerator.

Data for the Y3/Q4 Reporting Period:

Total CWP participants surveyed during quality monitoring activities conducted during the reporting period whose measured satisfaction with the CWP is at least 85%	Total CWP participants surveyed during quality monitoring activities conducted during the reporting period	Performance
1	1	100%

Metric #2: % of CWP participants filing a grievance and/or appeal during the reporting period.

Numerator: Total CWP participants filing a grievance and/or appeal during the reporting period.

Denominator: Total CWP participants as of the last day of the reporting period.

Data Collection Methodologies: Data on all filed grievances and appeals is documented in the ADMH/DD Office of Appeals and Constituency Affairs’ grievance and appeals database, which will be used to pull the number of newly filed grievances and appeals during the reporting period.

Data from the ADIDIS CWP Participant File is pulled, as of the last day of the reporting period, to obtain the denominator.

Data for the Year Three Reporting Period:

Total CWP participants filing a grievance and/or appeal during the reporting period	Total CWP participants as of the last day of the reporting period	Performance
0	404	100%

Data Demonstrating Results of Key Policies Adopted Under the Demonstration

Key Policy #D1: Utilize settings that conform to the greatest extent with the Medicaid Home and Community Based Services (HCBS) Settings Final Rule

Metric #1: % of CWP participants receiving all services in settings that are not provider owned or controlled.

Numerator: Total CWP participants as of the last day of the reporting period with approved (signed) Person-Centered Plans who are receiving all CWP services* in settings that are not provider owned or controlled.**

*All CWP services is defined as all CWP services on the Person-Centered Plan except:

- Occupational Therapy

- Physical Therapy
- Speech/Language Therapy
- Community Transportation
- Individual-Directed Goods and Services

***Provider owned, or controlled settings are defined as specific, physical places, in which a CWP participant resides and/or receives CWP services, that are owned, co-owned, and/or operated by a provider of CWP services.*

Denominator: Total CWP participants as of the last day of the reporting period with approved Person-Centered Plans.

Data Collection Methodologies: Regional Office Fiscal Managers enter service authorizations into ADIDIS from approved Person-Centered Plans for CWP participants that have been entered into ADIDIS by support coordinators.

The denominator is generated by running a report from the ADIDIS CWP Participant File, as of the last day of the reporting period, to obtain the complete list of CWP participants. Then, using this list of CWP participants, a service authorizations report is run, as of the last day of the reporting period, to identify the sub-set that has services authorized indicating an approved (signed) Person-Centered Plan is in place. This generates the denominator.

For the numerator, a service authorization report will be run for each CWP participant included in the denominator. Authorizations for the following service types will be excluded:

- Occupational Therapy
- Physical Therapy
- Speech/Language Therapy
- Community Transportation
- Individual-Directed Goods and Services

Remaining authorizations for each CWP participant will be analyzed. A CWP participant will be counted in the numerator if none of the following authorizations appear in their remaining authorizations:

- Community-Based Residential Services
- Adult Family Home
- Breaks and Opportunities (Planned Respite)

Data for the Program Since Inception:

Total CWP participants, as of the last day of the reporting period, with a Person-Centered Plan created during the reporting period, who are receiving all CWP services* in settings that are not provider owned or controlled**	Total CWP participants, as of the last day of the reporting period, with a Person-Centered Plan created during the reporting period.	Performance
288	354	81%

Appendix A

Indicators for Preferred Provider Selection

Each PPQ is weighted on a score from two (2) to five (5) based on the relevant strength of the indicator in predicting the provider's ability to deliver CWP services effectively.

- Minimum score to be a Preferred Provider = twelve (12) resulting from a positive score in at least three (3) of the five (5) areas identified below to qualify. This means the provider must earn points for a minimum of one (1) component in three (3) of the five (5) areas and achieve a total score of twelve (12) or higher to qualify.

Exception for providers serving a beneficiary that voluntarily transitions from the ID or LAH Waiver into the CWP: If the transferring provider does not meet the minimum score of twelve (12), but does score between nine (9) and eleven (11), the transferring provider will have a six-month grace period to achieve a minimum score of twelve (12), resulting from a positive score in at least three (3) of the five (5) factors – but only if the transferring provider contractually agrees to receive technical assistance from the State during the grace period to help the provider achieve the minimum qualifying score. During this grace period, the transferring provider will only be allowed to serve the transferring beneficiary from the ID or LAH Waiver. After the grace period, if the provider successfully achieves the minimum qualifying score to be a preferred provider, as described in Attachment D, the provider will be permitted to compete and be selected in a subsequent RFP process to serve all CWP beneficiaries.

- Maximum possible score is fifty (50).

Area I. Experience with Waiver Service Provision

A. The provider currently participates in the ID or LAH Section 1915(c) Waiver programs for individuals with ID, and its most recent certification score was 90% or higher, placing it on a two-year review cycle. (5 Points)

B. The provider is a contracted provider of HCBS for individuals with ID in another state or the ADMH/DD Autism program. (3 Points)

C. The provider employs or contracts with an appropriately licensed professional(s) in one (1) or more specialty areas (behavioral services, occupational therapy, physical therapy, speech language pathology, orientation and mobility, nurse education, training, and delegation), and this professional's role will involve training and/or consultation with direct support staff employed by the provider in supporting individuals with intellectual disabilities enrolled in the CWP as verified by the provider's proposed staffing chart for the CWP and the licensed professional's position description(s) or contract(s). (3 Points)

Area II. Independent Accreditation

A. The provider holds accreditation, or is actively seeking accreditation ("actively seeking" means applied for and paid for accreditation within three months of applying to be part of the CWP network) from any of the following nationally recognized accrediting bodies (4 Points):

1. Commission on Accreditation of Rehabilitation Facilities (CARF) minimum provisional accreditation
2. The Council on Quality and Leadership (CQL) accreditation in at least one (1) of the following:
 - i. Quality Assurance Accreditation
 - ii. Personal-Centered Excellence Accreditation, or
 - iii. Person-Centered Excellence w/ Distinction Accreditation
3. Council on Accreditation (COA) accreditation for Private Organization covering, at minimum, services for people with intellectual and developmental disabilities.

B. The provider has obtained Systemic, Therapeutic, Assessment, Resources, and Treatment (START) program certification, START network partner certification, or has at least one (1) staff person who has completed START coordination certification and whose time will be at least 50% dedicated to serving referrals from the CWP, as verified by the provider's proposed staffing chart for the CWP. (3 Points)

Area III. Support of Person-Centered Service Delivery

A. The provider has demonstrated leadership in assisting individuals with intellectual disabilities to pursue their interests and goals in their local community through community involvement, participation, and contribution, verifiable by documentation of outcomes achieved by individuals with ID (a random sample of 5% - minimum 5 persons) served by the organization. (3 Points)

B. The provider has policies and processes in place to support individuals served to exercise choice with regard to direct support staff assigned to work with them; and the provider has a strategic goal (and documented plan with evidence of implementation occurring) to increase the extent to which individuals served have choice with regard to direct support staff assigned to work with them. (3 Points)

C. The provider is willing and able to recruit and provide staff who are linguistically competent in spoken languages other than English when one (1) of these languages is the primary language of individuals enrolled in the CWP and/or their primary caregivers, verifiable by provider policy and staff position descriptions/contracts. (2 Points)

D. The provider is willing and able to assign staff that are trained in the use of augmentative communication aids or methods in order to achieve effective communication with individuals enrolled in the CWP and/or their primary caregivers, verifiable by provider policy and staff position descriptions/contracts. (2 Points)

Area IV. Support of Independent Living

A. The provider has documented experience of providing HCBS to individuals with intellectual disabilities in their own homes or family/natural support homes (not owned or leased by a provider of services) and in integrated community settings (not in provider owned or operated non-residential facilities), verifiable by provider policy, existing HCBS contract(s), and service delivery records. (4 Points)

B. The provider has assisted a person(s) supported by the agency in residential services to successfully transition into an independent or supported living arrangement, verifiable by provider policy, case examples, and service delivery records. (4 Points)

Area V. Support of Integrated, Competitive Employment and Community Inclusion

A. The provider has experience assisting individuals with intellectual disabilities to obtain and/or maintain individualized, competitive, integrated employment where an HCBS service provider is not the employer of record. This is evidenced by the provider's data, for a three-month period with an end date within six (6) months of applying to become a CWP provider, showing the percentage of individuals with intellectual disabilities served (regardless of services provided) who are working in individualized, competitive, integrated employment is at least 15%. (4 Points)

B. The provider is a contracted provider for Alabama Department of Rehabilitation Services. (4 Points)

C. The provider can demonstrate relationships with other non-disability specific and non-Medicaid funded community organizations, associations and/or businesses that can be leveraged to assist individuals with intellectual disabilities in pursuing and achieving employment and integrated community involvement goals, as evidenced by at least three (3) letters of commitment from such community-based organizations to work with the providers in order to help persons supported by the provider to achieve such goals. Three (3) letters of commitment are required per county that the provider is applying to serve through the CWP. Letters of commitment from other ID, LAH, CWP, Autism, or mental health service providers will not be counted. (4 Points)

D. The provider is a consumer-led organization with a board of directors, more than 50% of whom have developmental disabilities. (2 Points)

Appendix B

Alabama Community Waiver Program Demonstration Evaluation

2024 Annual Summary of Progress

Key Activities and Accomplishments

As the independent evaluator, Health Management Associates (HMA) worked with the State to complete and revise the final Evaluation Design, as approved by CMS on December 6, 2022. HMA spent the third year of the Community Waiver Program (CWP) Demonstration working with the state to test and improve data collection methods, monitoring ongoing data collection, as well as completing annual participant and provider survey activities. Key activities for the third year of the evaluation (October 1, 2023 through September 30, 2024) are presented below.

- Completion of the demonstration year 2 annual report, including reviewing available data for each indicator for completeness and reliability
- Completion of the analysis of the 2023 Annual Support Coordination satisfaction survey from participants and families, reported in early CY 2024
- Quarterly reviews and testing of data reporting
- Refined data queries to improve reliability and validity across systems
- Conducted the 2024 Annual Support Coordination satisfaction survey with participants and families, including increasing the sample size to improve participation rates
- Conducted the annual provider accreditation survey
- Review of the initial National Core Indicators data for evaluation purposes
- Worked with the State to increase provider participation in surveys and self-reported data collection

AL Community Waiver Program Results to Date

In Year 3 of the demonstration, a number of evaluation measures offer some preliminary information about the impact of the demonstration. These early data suggest that the CWP waiver is trending in the right direction in terms of HCBS costs, as well as emergency enrollment data, and the proportions of CWP participants utilizing self-direction, living in non-provider owned or controlled settings, engaging in competitive integrated employment, and receiving a diversity of services. However, a small number of measures such as cost of non-HCBS services,

Alabama Community Waiver Program Year Three Evaluation Summary

consistency of support coordinator relationships, and the proportion of participants with multiple strategy types in their person-centered plans, are less positive for CWP relative to ID/LAH.

In measures with disaggregated regional data, some significant differences are noted between Regions. In particular, utilization of self-directed services, the proportion of individuals residing in non-provider controlled/owned housing, and the person-centered planning measures all varied across the Regions.

All of these data should be considered cautiously due to the lower numbers of CWP participant service months relative to ID/LAH participant service months.

- **Enrollment:** Net new enrollment across all waivers is up in Year 3 to 293. CWP accounted for 117 of these new enrollments, with the ID/LAH waivers accounting for 176 new enrollments. This is an increase from an average of 204 net enrollments per year historically.
- **Emergency enrollments:** Emergency enrollments constituted a higher proportion of total enrollments in counties in which the CWP is not operated compared to counties in which the CWP is currently available, with 17.6 percent of enrollments in non-CWP counties due to an emergency reason (such as loss of a caregiver) compared to only 9.2 percent of enrollments in CWP counties.
- **Per-Person-Per-Month (PPPM) Costs:** Per-person costs for HCBS services were \$7,513 more per month for ID/LAH participants compared to CWP participants, largely due to the large proportion of ID Waiver participants utilizing paid residential services. In DY3, PPPM costs for non-HCBS services (such as medical care) were about 27 percent higher among CWP participants compared to ID/LAH waiver participants.
- **Competitive Employment:** In year three, 14.0 percent of the participants with an employment assessment in the CWP had qualifying CIE, compared to 3.0 percent of ID/LAH waiver participants; this is a significant increase for CWP over year two, when 8.7 percent of the participants with an employment assessment in the CWP had qualifying CIE, compared to 2.4 percent of ID/LAH waiver participants in the CWP counties. The rate of growth in the proportion of participants in CWP who have attained CIE from Year 2 to Year 3 was 4%, compared to 0.3% for ID/LAH waiver participants.
- **Utilization of Self-Direction:** In year three, one of the largest statistical gains was in the number of CWP participants utilizing self-directed services, with about two in five (40.1 percent) participants using self-directed services compared to 12.3 percent of ID/LAH waiver participants. This difference is far more pronounced than in year two, when 17.9% of CWP participants utilized self-directed services, compared to 9.9% of ID/LAH waiver participants. A higher proportion of the total spending was through self-direction for CWP participants (17.7 percent) compared to ID/LAH waiver participants (5.3 percent).
- **Self-Direction Staffing Wages and Stability:** In this period, the wages for self-directed direct support workers (DSWs) delivering personal care were considerably higher than agency wages, at \$20.03 per hour compared to \$12.52 per hour. Average turnover rates for DSWs delivering self-directed services were about 16.3 percentage points lower than turnover rates among DSWs employed by agency providers.

Alabama Community Waiver Program Year Three Evaluation Summary

- **Individuals Living in Settings that are Not Provider Owned/Controlled:** In year three, 84.7% of CWP participants lived in a setting that was not provider owned or controlled (a natural setting), compared to 44.3% of ID/LAH waiver participants. This represents a decrease in the proportional difference in the CWP relative to the ID/LAH from demonstration year two, when 91.4% of CWP participants lived in a natural setting.
- **Support Strategies in Person-Centered Plans (PCPs):** In year three, 47.6 percent of participants in the CWP had person-centered plans (PCPs) that included at least one strategy type that was not Medicaid funded in at least three of the five life domains, about 5 percentage points higher than the 42.6 percent of ID/LAH waiver participants. Additionally, 58.8 percent of the strategy types found in CWP participants' PCPs are non-Medicaid funded, 22.6 percentage points higher than ID/LAH waiver participants' PCPs. However, ID/LAH waiver participants were more likely to have a higher number of diverse support strategies within their PCPs than CWP participants at rates similar to year two data.
- **Utilization of a Wide Range of Services:** In year three, CWP participants were more likely to use a wider range of services than ID/LAH waiver participants, and spending was more distributed across service categories, with 6 service categories representing at least 1 percent of spending for CWP participants, as compared to only 4 service categories in the ID/LAH waivers.
- **Accreditation:** CWP providers are much more likely to be accredited than ID/LAH-only providers. A quarter of CWP providers report meeting a national accreditation standard, compared to an eighth of ID/LAH-only providers.
- **Support Coordination:** In year three, support coordinators serving the ID/LAH waivers were 2.8 percentage points lower in turnover rates than CWP support coordinators. Satisfaction with support coordination services was high in all of the waivers, however, overall satisfaction with the member's support coordinator was statistically significantly lower for CWP than for ID/LAH.

Challenges

There were some evaluation challenges in year three of the demonstration. These are discussed below, along with plans for continuing to work toward meeting these challenges.

First, while many new data systems and processes were developed early during the demonstration, some data systems and processes needed for the evaluation were still under development or were unstable and needed refinement. Three measures related to documented crises and critical incidents are not yet reported for demonstration year three because due to the need to develop alternative reporting mechanisms in order to incorporate this data for the entire demonstration. HMA is working with the State on alternate data sources and methodology to support this measure, and plan to report on progress in early CY 2025.

Individual Experience data from the National Core Indicators (NCI) Survey data available in year three (reflecting National Core Survey data from demonstration year two due to reporting lag time), the sample size for ID/LAH waiver was 518 participants, and for CWP it was 33 participants. However, data were incomplete for these 33 participants, resulting in data for only about 15-17 participants for some items (related to participating in activities) and much fewer for other items. To address these challenges, the State has increased the NCI sample size.

Methodological Notes

The outcomes data appearing throughout this report are each based on one or more data or information sources. Some calculations and outcomes represent annual totals (such M3, which reports total cost of services across the year), while other measures represent outcomes as of a specific point in time in which data can be isolated. For example, M9 reports the proportion of waiver participants that were living in a residential setting that was not provider owned or controlled (e.g., living with their natural family or living independently) as of the last day of the evaluation year). Accordingly, the number of enrollees represented in M9 will be lower than the number of enrollees included in M3 since some enrollees will not receive services in all quarters of the year, and therefore may not be represented in the final quarter. Similar differences can be observed across some measures, and for similar reasons.

Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Three)
Goal 1: Increased access to needed services and supports			
Research Question 1a: To what degree does the CWP result in expanded capacity to serve more individuals and an increased number of annual enrollments of individuals from the ADMH-DDD waiting list?			
Hypothesis 1a: The CWP will result in expanded capacity to serve individuals and an increased number of annual enrollments of individuals from the ADMH-DDD waiting list.			
M1. Available slots	<p>Total number of funded slots across the CWP and ID and LAH waivers</p> <p>A key objective of the CWP is to expand the number of eligible individuals with ID receiving HCBS; this measure assesses system capacity</p>	Funded slots across the entire system (ID and LAH waivers and CWP); changes tracked over the duration of the demonstration	<p>The total number of funded slots for Year 1:</p> <ul style="list-style-type: none"> CWP: 500 slots ID/LAH Waivers: 6,029 slots <p>The total number of funded slots for Year 2:</p> <ul style="list-style-type: none"> CWP: 1,097 slots ID/LAH Waivers: 5,598 slots <p>The total number of funded slots for Year 3:</p> <ul style="list-style-type: none"> CWP: 1,098 slots ID/LAH Waivers: 5,598 slots <p>Funded slots represent system capacity for total enrollment based upon available state resources; this does not reflect the number of enrolled participants for the year.</p>
M2. Individuals enrolled from the waiting list	<p>Average number of individuals enrolled from the waiting list across the CWP and ID and LAH waivers compared to the average annual number enrolled in the ID and LAH waivers in the prior 10 years</p> <p>A key objective of the CWP is to expand the number of eligible individuals with ID receiving HCBS; this measure assesses enrollment</p>	Enrollees across the entire system (ID and LAH waivers and CWP); changes tracked over the duration of the demonstration	<p>Benchmark: In the 10 years prior to the first year of the evaluation, net enrollments in the ID/LAH waivers averaged 204 per year (excluding 200 enrollments funded by new appropriations during the ten year period).</p> <p>In the first year of the demonstration, there were 264 net enrollments across all three waivers.</p> <p>In year two, there were 301 net enrollments across all waivers, including 208 new enrollments in CWP and 93 in ID/LAH waivers, none of which were funded by new appropriations.</p> <p>In year three, there were 293 net enrollments across all waivers, including 117 new enrollments in CWP and 176 in ID/LAH waivers, none of which were funded by new appropriations.</p> <p>The funding for the net gain in enrollment came from prior appropriations and per-person cost savings achieved through increased enrollment in CWP relative to new enrollments in higher-cost ID/LAH services.</p>

Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Three)																																																												
Research Question 1b: To what degree does the CWP have lower per-person costs for Medicaid-funded services, inclusive of waiver and state plan services, as compared to ID and LAH waivers?																																																															
Hypothesis 1b: The CWP will result in lower per-person costs for Medicaid-funded services (HCBS and physical/ behavioral healthcare) compared to the ID and LAH waivers.																																																															
M3. Per-person cost	<p>Mean per-person cost (measured on a member month basis) for individuals in the CWP compared to the mean per-person cost of those in the ID and LAH waivers, and compared to per-person cost prior to the demonstration</p> <p>A key objective of the CWP is to reduce the average per-person cost of Medicaid-funded services allowing expansion of enrollment; this measure assesses cost effectiveness</p>	Individuals in the CWP; comparison made to enrollees in the ID and LAH waivers (measured both within the counties where the demonstration is available and statewide)	<p>As detailed below, Per-Person-Per-Month (PPPM) costs for HCBS services were \$7,513 more per month for ID/LAH participants compared to CWP participants, largely due to the large proportion of ID Waiver participants utilizing paid residential services. PPPM costs for non-HCBS services (such as medical care) were about 27 percent higher among CWP participants compared to ID/LAH waiver participants. PPPM administrative costs for CWP participants are \$226 per participant per month higher than ID/LAH costs, due to administrative expenses attributable only to the CWP waiver.</p> <p>Statewide Per Person Per Month (PPPM) Costs</p> <table> <tr> <th></th><th>Total Spend (A)</th><th>Total Participant Months (B)</th><th>PPPM (A/B)</th></tr> <tr> <td colspan="4">HCBS Claims (SFY 2024)</td></tr> <tr> <td>CWP</td><td>\$6,832,263</td><td>2,336</td><td>\$2,925</td></tr> <tr> <td>ID/LAH</td><td>\$481,785,405</td><td>44,692</td><td>\$10,780</td></tr> <tr> <td colspan="4">Non-HCBS Claims (SFY 2024)</td></tr> <tr> <td>CWP</td><td>\$811,329</td><td>1,473</td><td>\$551</td></tr> <tr> <td>ID/LAH</td><td>\$23,197,991</td><td>53,494</td><td>\$434</td></tr> <tr> <td colspan="4">General Administrative Costs (SFY 2024)*</td></tr> <tr> <td>CWP</td><td>\$203,725</td><td>2,336</td><td>\$87</td></tr> <tr> <td>ID/LAH</td><td>\$3,897,636</td><td>44,692</td><td>\$87</td></tr> <tr> <td colspan="4">CWP-Only Administrative Costs (SFY 2024)*</td></tr> <tr> <td>CWP</td><td>\$526,891</td><td>2,336</td><td>\$226</td></tr> <tr> <td colspan="4">Totals (SFY 2024)</td></tr> <tr> <td>CWP</td><td>\$8,374,208</td><td>-</td><td>\$3,788</td></tr> <tr> <td>ID/LAH</td><td>\$508,881,032</td><td>-</td><td>\$11,301</td></tr> </table> <p>*ADMH-DDD's general administrative costs include expenses that are equally attributable to each participant regardless of waiver (such as the payroll expenses of personnel with responsibility for administering both waiver programs). In addition to these expenses, some administrative costs (such as the cost of state technical assistance contracts to support CWP and the independent waiver evaluation) are attributable only to the CWP program and would not impact the overall cost of services for the ID/LAH waiver programs.</p>		Total Spend (A)	Total Participant Months (B)	PPPM (A/B)	HCBS Claims (SFY 2024)				CWP	\$6,832,263	2,336	\$2,925	ID/LAH	\$481,785,405	44,692	\$10,780	Non-HCBS Claims (SFY 2024)				CWP	\$811,329	1,473	\$551	ID/LAH	\$23,197,991	53,494	\$434	General Administrative Costs (SFY 2024)*				CWP	\$203,725	2,336	\$87	ID/LAH	\$3,897,636	44,692	\$87	CWP-Only Administrative Costs (SFY 2024)*				CWP	\$526,891	2,336	\$226	Totals (SFY 2024)				CWP	\$8,374,208	-	\$3,788	ID/LAH	\$508,881,032	-	\$11,301
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The following tables report PPPM costs for each Region. Overall, the average PPPM costs differences were highest in Region 1 (where ID/LAH waiver PPPM costs were \$10,212 more than CWP PPPM costs) and lowest in Region 5 (where ID/LAH waiver PPPM costs were \$6,881 more than CWP PPPM costs).

<u>Region 1</u>	Total Spend (A)	Total Participant Months (B)	PPPM (A/B)
HCBS Claims (SFY 2024)			
CWP	\$587,356	427	\$1,376
ID/LAH	\$83,190,648	6,831	\$12,178
Non-HCBS Claims (SFY 2024)			
CWP	\$241,833	312	\$775
ID/LAH	\$3,364,379	8,218	\$409
General Administrative Costs (SFY 2024)			
CWP	\$37,239	427	\$87
ID/LAH	\$595,739	6,831	\$87
CWP-Only Administrative Costs (SFY 2024)			
CWP	\$96,311	427	\$226
Region 1 Totals (SFY 2024)			
CWP	\$962,739	-	\$2,463
ID/LAH	\$87,150,765	-	\$12,675

<u>Region 2</u>	Total Spend (A)	Total Participant Months (B)	PPPM (A/B)
HCBS Claims (SFY 2024)			
CWP	\$1,351,448	826	\$1,636
ID/LAH	\$45,105,635	4,115	\$10,961
Non-HCBS Claims (SFY 2024)			
CWP	\$52,512	275	\$191
ID/LAH	\$2,431,672	5,182	\$469
General Administrative Costs (SFY 2024)			
CWP	\$72,036	826	\$87
ID/LAH	\$358,873	4,115	\$87
CWP-Only Administrative Costs (SFY 2024)			
CWP	\$186,307	826	\$226
Region 2 Totals (SFY 2024)			
CWP	\$1,662,303	-	\$2,140
ID/LAH	\$47,896,181	-	\$11,518

<u>Region 3</u>	Total Spend (A)	Total Participant Months (B)	PPPM (A/B)
HCBS Claims (SFY 2024)			
CWP	\$2,273,094	428	\$5,311
ID/LAH	\$79,612,098	6,279	\$12,679
Non-HCBS Claims (SFY 2024)			
CWP	\$222,417	396	\$562
ID/LAH	\$3,627,704	7,155	\$507
General Administrative Costs (SFY 2024)			
CWP	\$37,326	428	\$87
ID/LAH	\$547,598	6,279	\$87
CWP-Only Administrative Costs (SFY 2024)			
CWP	\$96,537	428	\$226
Region 3 Totals (SFY 2024)			
CWP	\$2,629,374	-	\$6,185
ID/LAH	\$83,787,400	-	\$13,273

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Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Three)												
Goal 2: Increased independence of participants															
Research Question 2a: To what degree does the CWP result in a higher percentage of working-age participants working in competitive integrated employment, and a higher percentage of working-age participants receiving services intended to assist with achieving competitive integrated employment, compared to ID and LAH waiver participants?															
Hypothesis 2a: The CWP will result in a higher percentage of working-age individuals working in competitive integrated employment and a higher percentage of working-age individuals receiving services intended to assist with achieving competitive integrated employment compared to individuals in the ID and LAH waivers.															
M4. Working-age individuals in competitive integrated employment	Percentage of individuals ages 19-64 who work in competitive integrated employment during at least one quarter of the evaluation year compared to individuals in the ID and LAH waivers in the CWP counties A key objective of the CWP is to support enrollees in contributing to their community through participating in competitive integrated employment; this measure assesses the proportion of individuals with employment	Enrollees in the CWP; comparison made to enrollees in the ID and LAH waivers within the CWP counties	<p>The table below compares the number of participants who achieved competitive integrated employment (CIE) during year three of the demonstration. The table includes participants between 19-64 years old who live in a county where the CWP is operated and who have a completed an employment assessment.* For employment to qualify as CIE, a participant must work an average of at least 8 or more hours per week in at least one quarter of the evaluation period. As the table illustrates, 14.0 percent of the participants with an employment assessment in the CWP had qualifying CIE, compared to 3.0 percent of ID/LAH waiver participants.</p> <table><tr><td></td><td>ID/LAH Waivers</td><td>CWP</td></tr><tr><td>Ct. w/ CIE</td><td>83</td><td>51</td></tr><tr><td>Ct. w/ Emp. Assessment</td><td>2,723</td><td>363</td></tr><tr><td>% w/ CIE</td><td>3.0%</td><td>14.0%</td></tr></table> <p>*As part of Alabama’s person-centered planning process, each working-age waiver participant completes a series of questions with their case manager to determine interest in exploring employment, which is documented as the annual employment assessment.</p>		ID/LAH Waivers	CWP	Ct. w/ CIE	83	51	Ct. w/ Emp. Assessment	2,723	363	% w/ CIE	3.0%	14.0%
	ID/LAH Waivers	CWP													
Ct. w/ CIE	83	51													
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% w/ CIE	3.0%	14.0%													

Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Three)												
M5. Growth in number of working-age individuals who work in competitive integrated employment	<p>Change in proportion of individuals ages 19-64 who work in competitive integrated employment from prior year compared to the change in the ID and LAH waivers in the CWP counties</p> <p>A key objective of the CWP is to support enrollees in contributing to their community through participating in competitive integrated employment; this measure assesses growth in the number of individuals with employment</p>	Enrollees in the CWP; comparison made to enrollees in the ID and LAH waivers within the CWP counties	<p>In addition to the proportion of participants in each program who have attained competitive integrated employment (CIE), the evaluation monitors the rate of growth at which participants meeting the criteria described in M4 achieve CIE compare to the prior year. When comparing year three to year two of the demonstration, CWP participants achieved CIE at a faster rate compared to ID/LAH waiver participants. As the table below illustrates, the rate of growth in CIE attainment was 4.0 percentage points year-over-year, compared to a 0.3 percentage point growth among ID/LAH waiver participants.</p> <table><tr><td></td><td>ID/LAH Waivers</td><td>CWP</td></tr><tr><td>Growth in Ct. w/ CIE</td><td>11</td><td>19</td></tr><tr><td>Growth in Ct. w/ Employment Assessment</td><td>127</td><td>45</td></tr><tr><td>Percentage Point Growth Change Since Year 2</td><td>0.3%</td><td>4.0%</td></tr></table>		ID/LAH Waivers	CWP	Growth in Ct. w/ CIE	11	19	Growth in Ct. w/ Employment Assessment	127	45	Percentage Point Growth Change Since Year 2	0.3%	4.0%
	ID/LAH Waivers	CWP													
Growth in Ct. w/ CIE	11	19													
Growth in Ct. w/ Employment Assessment	127	45													
Percentage Point Growth Change Since Year 2	0.3%	4.0%													

Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Three)												
M6. Working age individuals who received services intended to assist with achieving competitive integrated employment	<p>Percentage of individuals ages 19-64 who do not work in competitive integrated employment but received at least one paid service intended to assist with achieving competitive integrated employment compared to the percentage in the ID and LAH waivers in the CWP counties</p> <p>A key objective of the CWP is to support enrollees in contributing to their community through participating in competitive integrated employment; this measure assesses the use of services intended to lead to employment</p>	Enrollees in the CWP; comparison made to enrollees in the ID and LAH waivers within the CWP counties	<p>Employment services offered through both the CWP and ID/LAH waivers assist participants with preparing for and obtaining competitive integrated employment (CIE). The available services to support CIE include Integrated Employment Path, Individual Assessment/Discovery, Individual Supported Employment, Individual Employment Support, Individual Financial Literacy and Work Incentives Benefits Counseling, Benefits and Career Counseling, Co-Worker Supports, and employment services provided by the Alabama Department of Rehabilitation Services.</p> <p>Among working-age waiver participants with an employment assessment who have not achieved CIE (including meeting the minimum requirement of an average of 8 hours per week for one quarter during the demonstration year), about 1.0 percent of both CWP and Legacy waiver participants received at least one paid employment service that could increase their likelihood of achieving CIE in the future.</p> <table><tr><td></td><td>ID/LAH Waivers</td><td>CWP</td></tr><tr><td>Ct. w. Employment Assessment, no CIE</td><td>2,216</td><td>208</td></tr><tr><td>Ct. w/ Employment Assessment, no CIE, but at least 1 paid employment service</td><td>21</td><td>2</td></tr><tr><td>Pct. No CIE w/ Emp. Service</td><td>0.9%</td><td>1.0%</td></tr></table>		ID/LAH Waivers	CWP	Ct. w. Employment Assessment, no CIE	2,216	208	Ct. w/ Employment Assessment, no CIE, but at least 1 paid employment service	21	2	Pct. No CIE w/ Emp. Service	0.9%	1.0%
	ID/LAH Waivers	CWP													
Ct. w. Employment Assessment, no CIE	2,216	208													
Ct. w/ Employment Assessment, no CIE, but at least 1 paid employment service	21	2													
Pct. No CIE w/ Emp. Service	0.9%	1.0%													

Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Three)															
Research Question 2b: To what degree does the CWP result in higher utilization of self-directed services by CWP participants than for participants in the ID and LAH waivers?																		
Hypothesis 2b: The CWP will result in higher utilization of self-directed services compared to the ID and LAH waivers.																		
M7. Utilization of self-direction	Proportion of individuals utilizing self-directed services compared to individuals enrolled in the ID and LAH waivers A key objective of the CWP is to empower individuals through the use of self-direction; this measure assesses the incidence of self-direction	Enrollees in the CWP; comparison made to enrollees in the ID and LAH waivers (measured both within the counties where the demonstration is available and statewide)	In year three, about two in five (40.1 percent) participants in the CWP waiver used self-directed services compared to 12.3 percent of ID/LAH waiver participants, as seen in the table below. <table><tr><th colspan="3">Rate of Utilization for Self-Directed Services (Statewide)</th></tr><tr><th></th><th>CWP</th><th>ID/LAH</th></tr><tr><td>Ct. Utilized Self-Directed Services</td><td>123</td><td>599</td></tr><tr><td>All Participants with Claims</td><td>307</td><td>4,868</td></tr><tr><td>% Utilizing Self-Directed Services</td><td>40.1%</td><td>12.3%</td></tr></table>	Rate of Utilization for Self-Directed Services (Statewide)				CWP	ID/LAH	Ct. Utilized Self-Directed Services	123	599	All Participants with Claims	307	4,868	% Utilizing Self-Directed Services	40.1%	12.3%
Rate of Utilization for Self-Directed Services (Statewide)																		
	CWP	ID/LAH																
Ct. Utilized Self-Directed Services	123	599																
All Participants with Claims	307	4,868																
% Utilizing Self-Directed Services	40.1%	12.3%																

Utilization of self-directed services varied to a significant degree by Region, as shown in the tables below. For example, within the CWP, the rate of utilization for self-directed services ranged from 17.9 percent in Region 4, to 47.4 percent in Region 2, while the rates were comparably lower in each region for ID/LAH participants (in most cases, significantly lower).

Rate of Utilization for Self-Directed Services (Region 1)		
	CWP	ID/LAH
Ct. Utilized Self-Directed Services	24	95
All Participants with Claims	58	749
% Utilizing Self-Directed Services	41.4%	12.7%

Rate of Utilization for Self-Directed Services (Region 2)		
	CWP	ID/LAH
Ct. Utilized Self-Directed Services	46	123
All Participants with Claims	97	462
% Utilizing Self-Directed Services	47.4%	26.6%

Rate of Utilization for Self-Directed Services (Region 3)		
	CWP	ID/LAH
Ct. Utilized Self-Directed Services	31	88
All Participants with Claims	66	681
% Utilizing Self-Directed Services	47.0%	12.9%

Rate of Utilization for Self-Directed Services (Region 4)		
	CWP	ID/LAH
Ct. Utilized Self-Directed Services	7	34
All Participants with Claims	39	462
% Utilizing Self-Directed Services	17.9%	7.4%

Rate of Utilization for Self-Directed Services (Region 5)		
	CWP	ID/LAH
Ct. Utilized Self-Directed Services	15	45
All Participants with Claims	47	650
% Utilizing Self-Directed Services	31.9%	6.9%

Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Three)																
M8. Spending delivered through self-directed services	<p>Percentage of total CWP spending delivered through self-directed services compared to the ID and LAH waivers</p> <p>A key objective of the CWP is to empower individuals through the use of self-direction; this measure assesses the volume of services delivered through self-direction</p>	Enrollees in the CWP; comparison made to enrollees in the ID and LAH waivers (measured both within the counties where the demonstration is available and statewide)	<p>During demonstration year three, a higher proportion of the total spending was through self-direction for CWP participants (17.7 percent) compared to ID/LAH waiver participants (5.3 percent).</p> <table border="1"> <caption>Rate of Utilization for Self-Directed Services (Statewide)</caption> <thead> <tr> <th></th><th>CWP</th><th>ID/LAH</th><th>Total</th></tr> </thead> <tbody> <tr> <td>Total Self-Directed Spend</td><td>\$1,204,705</td><td>\$25,622,577</td><td>\$26,827,282</td></tr> <tr> <td>Total Waiver Spending</td><td>\$6,792,717</td><td>\$481,239,123</td><td>\$488,031,840</td></tr> <tr> <td>% of Spending through SD</td><td>17.7%</td><td>5.3%</td><td>5.5%</td></tr> </tbody> </table>		CWP	ID/LAH	Total	Total Self-Directed Spend	\$1,204,705	\$25,622,577	\$26,827,282	Total Waiver Spending	\$6,792,717	\$481,239,123	\$488,031,840	% of Spending through SD	17.7%	5.3%	5.5%
	CWP	ID/LAH	Total																
Total Self-Directed Spend	\$1,204,705	\$25,622,577	\$26,827,282																
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% of Spending through SD	17.7%	5.3%	5.5%																

Utilization of self-directed services in proportion to total spending varied regionally. For example, 43.5 percent of CWP waiver participant service costs were for self-directed spending in Region 1, compared to 4.7 percent of ID/LAH waiver participant spending. In Region 4, there was little difference between CWP and ID/LAH, with the lowest average utilization rates of self-directed services among all regions.

Rate of Utilization for Self-Directed Services (Region 1)			
	CWP	ID/LAH	Total
Total Self-Directed Spend	\$252,857	\$3,890,950	\$4,143,807
Total Waiver Spending	\$581,428	\$83,089,990	\$83,671,418
% of Spending through SD	43.5%	4.7%	5.0%

Rate of Utilization for Self-Directed Services (Region 2)			
	CWP	ID/LAH	Total
Total Self-Directed Spend	\$509,937	\$5,517,440	\$6,027,377
Total Waiver Spending	\$1,343,862	\$45,057,171	\$46,401,034
% of Spending through SD	37.9%	12.2%	13.0%

Rate of Utilization for Self-Directed Services (Region 3)			
	CWP	ID/LAH	Total
Total Self-Directed Spend	\$232,765	\$4,726,594	\$4,959,358
Total Waiver Spending	\$2,273,094	\$79,604,700	\$81,877,794
% of Spending through SD	10.2%	5.9%	6.1%

Rate of Utilization for Self-Directed Services (Region 4)			
	CWP	ID/LAH	Total
Total Self-Directed Spend	\$43,023	\$964,458	\$1,007,481
Total Waiver Spending	\$1,074,202	\$46,684,489	\$47,758,691
% of Spending through SD	4.0%	2.1%	2.1%

Rate of Utilization for Self-Directed Services (Region 5)			
	CWP	ID/LAH	Total
Total Self-Directed Spend	\$166,124	\$1,833,320	\$1,999,444
Total Waiver Spending	\$1,520,131	\$70,953,055	\$72,473,185
% of Spending through SD	10.9%	2.6%	2.8%

Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Three)															
Goal 3: Increased community integration of participants																		
Research Question 3a: To what degree does the CWP result in a higher percentage of individuals living in, and able to sustain living in, residential settings that are not owned or controlled by providers compared to participants in the ID and LAH waivers?																		
Hypothesis 3a: The CWP will result in a higher percentage of individuals living in, and able to sustain living in, residential settings that are not owned or controlled by providers compared to individuals in the ID and LAH waivers.																		
M9. Individuals living in settings that are not provider owned or controlled	Percentage of individuals living in residential settings that are not provider owned or controlled, compared to the percentage in the ID and LAH waivers A key objective of the CWP is to support individuals in the most integrated residential settings; this measure assesses placement levels	Enrollees in the CWP; comparison made to enrollees in the ID and LAH waivers (measured both within the counties where the demonstration is available and statewide)	<p>In year three of the demonstration, the proportion of participants enrolled in the CWP who lived in a setting that was not provider owned or controlled was more than 40 percentage points higher than participants in the ID/LAH waivers. The table below reports the number of participants living in each residential category, then calculates the proportion living in a setting that is not provider owned or controlled. As the table illustrates, 84.7 percent of CWP participants lived in a setting that was not provider owned or controlled, compared to 44.3 percent in the ID/LAH waiver participants. There was a decrease in the proportion of CWP participants living in a setting that is not provider owned or controlled between demonstration year 2 and 3 among CWP participants. Specifically, the proportion of CWP participants living in a setting that was not provider owned or controlled decreased from 91.4 percent at the end of demonstration year 2 to 84.7 percent at the end of year 3.</p> <table><tr><th colspan="3">Participants in Settings that are Not Provider Owned or Controlled (Statewide)</th></tr><tr><th>Setting</th><th>ID/LAH Waivers</th><th>CWP</th></tr><tr><td>Not Provider Owned/ Controlled</td><td>2,166</td><td>365</td></tr><tr><td>Provider Owned/ Controlled</td><td>2,723</td><td>66</td></tr><tr><td>Proportion Not Provider Owned/ Controlled</td><td>44.3%</td><td>84.7%</td></tr></table>	Participants in Settings that are Not Provider Owned or Controlled (Statewide)			Setting	ID/LAH Waivers	CWP	Not Provider Owned/ Controlled	2,166	365	Provider Owned/ Controlled	2,723	66	Proportion Not Provider Owned/ Controlled	44.3%	84.7%
Participants in Settings that are Not Provider Owned or Controlled (Statewide)																		
Setting	ID/LAH Waivers	CWP																
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Provider Owned/ Controlled	2,723	66																
Proportion Not Provider Owned/ Controlled	44.3%	84.7%																

The proportion of CWP participants living in a setting that is not provider owned or controlled at the end of the evaluation year was highest in Region 1 (98.8 percent) and lowest in Region 3 (83.3 percent), though the differences across waivers were similar by Region as illustrated in the tables below.

Region 1	ID/LAH Waivers	CWP
Not Provider Owned/ Controlled	236	98
Provider Owned/ Controlled	513	5
Proportion Not Provider Owned/ Controlled	31.5%	95.1%

Region 2	ID/LAH Waivers	CWP
Not Provider Owned/ Controlled	220	90
Provider Owned/ Controlled	242	10
Proportion Not Provider Owned/ Controlled	47.6%	90.0%

Region 3	ID/LAH Waivers	CWP
Not Provider Owned/ Controlled	302	75
Provider Owned/ Controlled	380	29
Proportion Not Provider Owned/ Controlled	44.3%	72.1%

Region 4	ID/LAH Waivers	CWP
Not Provider Owned/ Controlled	203	42
Provider Owned/ Controlled	262	8
Proportion Not Provider Owned/ Controlled	43.7%	84.0%

Region 5	ID/LAH Waivers	CWP
Not Provider Owned/ Controlled	211	59
Provider Owned/ Controlled	440	14
Proportion Not Provider Owned/ Controlled	32.4%	80.8%

Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Three)															
M10. Individuals who continue to live in setting that are not provider owned or controlled	<p>Percentage of individuals living in residential settings that are not provider owned or controlled at the beginning of the evaluation year who remain in a setting that is not provided owned or controlled at the end of the evaluation year, compared to the percentage in the ID and LAH waivers</p> <p>A key objective of the CWP is to support individuals in the most integrated residential settings; this measure assesses the maintenance of placements</p>	Enrollees in the CWP; comparison made to enrollees in the ID and LAH waivers (measured both within the counties where the demonstration is available and statewide)	<p>During year three of the demonstration, CWP and ID/LAH waiver participants were nearly equally likely to remain in a setting that was not provider owned or controlled throughout the evaluation year. As the table below illustrates, 97.6 percent of the participants in the ID/LAH waiver that began the year living in a non-provider residential setting remained in such a setting at the end of the year, compared to 97.5 percent of CWP participants.</p> <table><tr><th colspan="3">Participants Starting and Ending the Evaluation Year Living in a Setting Not Provider Owned or Controlled (Statewide)</th></tr><tr><th>Setting</th><th>ID/LAH Waivers</th><th>CWP Waiver</th></tr><tr><td>Ct. in Setting Not Provider Owned/ Controlled at Beginning of Year 2</td><td>2,080</td><td>314</td></tr><tr><td>Ct. Remaining in Setting Not Provider Owned/ Controlled at End of Year 2</td><td>2,030</td><td>306</td></tr><tr><td>Proportion Remaining in Setting Not Provider Owned/ Controlled at End of Year 2</td><td>97.6%</td><td>97.5%</td></tr></table>	Participants Starting and Ending the Evaluation Year Living in a Setting Not Provider Owned or Controlled (Statewide)			Setting	ID/LAH Waivers	CWP Waiver	Ct. in Setting Not Provider Owned/ Controlled at Beginning of Year 2	2,080	314	Ct. Remaining in Setting Not Provider Owned/ Controlled at End of Year 2	2,030	306	Proportion Remaining in Setting Not Provider Owned/ Controlled at End of Year 2	97.6%	97.5%
Participants Starting and Ending the Evaluation Year Living in a Setting Not Provider Owned or Controlled (Statewide)																		
Setting	ID/LAH Waivers	CWP Waiver																
Ct. in Setting Not Provider Owned/ Controlled at Beginning of Year 2	2,080	314																
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Proportion Remaining in Setting Not Provider Owned/ Controlled at End of Year 2	97.6%	97.5%																

All CWP participants in Region 1 who started the evaluation year living in a setting that was not provider owned or controlled continued living in such a setting at the end of the evaluation year, 2 percentage points higher than ID/LAH waiver participants in the same region. In all other Regions, ID/LAH waiver participants continued living in a setting that was not provider owned or controlled at the end of the evaluation year at a rate that was between 4.3 percentage points higher in Region 2 to 11.3 percentage points higher in Region 3 as detailed in the tables below.

Region 1	ID/LAH	CWP
Ct. in Setting Not Provider Owned/ Controlled at Beginning of Year 2	236	81
Ct. Remaining in Setting Not Provider Owned/ Controlled at End of Year 2	228	80
Proportion Remaining in Setting Not Provider Owned/ Controlled at End of Year 2	96.6%	98.8%

Region 2	ID/LAH	CWP
Ct. in Setting Not Provider Owned/ Controlled at Beginning of Year 2	221	83
Ct. Remaining in Setting Not Provider Owned/ Controlled at End of Year 2	219	83
Proportion Remaining in Setting Not Provider Owned/ Controlled at End of Year 2	99.1%	100.0%

Region 3	ID/LAH	CWP
Ct. in Setting Not Provider Owned/ Controlled at Beginning of Year 2	296	69
Ct. Remaining in Setting Not Provider Owned/ Controlled at End of Year 2	288	66
Proportion Remaining in Setting Not Provider Owned/ Controlled at End of Year 2	97.3%	95.7%

Region 4	ID/LAH	CWP
Ct. in Setting Not Provider Owned/ Controlled at Beginning of Year 2	200	37
Ct. Remaining in Setting Not Provider Owned/ Controlled at End of Year 2	197	35
Proportion Remaining in Setting Not Provider Owned/ Controlled at End of Year 2	98.5%	94.6%

Region 5	ID/LAH	CWP
Ct. in Setting Not Provider Owned/ Controlled at Beginning of Year 2	210	42
Ct. Remaining in Setting Not Provider Owned/ Controlled at End of Year 2	204	41
Proportion Remaining in Setting Not Provider Owned/ Controlled at End of Year 2	97.1%	97.6%

Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Three)												
Research Question 3b: To what degree does the CWP result in increased identification and use of the full range of services and supports (waiver and non-waiver) compared to the identification and use of services and supports in the ID and LAH waivers?															
Hypothesis 3b: The Community Waiver Program will result in increased utilization of the full range of waiver services and supports available, and a higher incidence of non-waiver supports and services being identified and included in person-centered plans to address individual goals and outcomes compared to the ID and LAH waivers.															
M11. Participants with non-Medicaid supports in their plans	<p>Percent of individuals whose person-centered plan includes at least one support strategy type that does not rely on Medicaid funded services in at least three of five life domains, compared to the plans for individuals enrolled in the ID and LAH waivers</p> <p>A key objective of the CWP is to increase the utilization of the full range of community services and supports available including more individualized and integrated options; this measure assesses the use of non-waiver funded services</p>	Individuals in the CWP; comparison made to individuals in the ID and LAH waivers	<p>In year three, 47.6 percent of participants in the CWP had person-centered plans (PCPs) that included at least one strategy type that was not Medicaid funded in at least three of the five life domains, about 5 percentage points higher than the 42.6 percent of ID/LAH waiver participants.</p> <table><tr><td></td><td>ID/LAH Waivers</td><td>CWP</td></tr><tr><td>Total participants with at Least One Non-Medicaid Support Strategy Across Three or More Domains</td><td>2,082</td><td>207</td></tr><tr><td>Total participants with PCPs</td><td>4,889</td><td>435</td></tr><tr><td>% of PCPs with at Least One Non-Medicaid Support Strategy Across Three or More Domains</td><td>42.6%</td><td>47.6%</td></tr></table> <p>The table above reports the number of participants with documented PCPs, and the proportion of PCPs with at least one non-Medicaid-funded strategy in at least three of the five life domains.</p>		ID/LAH Waivers	CWP	Total participants with at Least One Non-Medicaid Support Strategy Across Three or More Domains	2,082	207	Total participants with PCPs	4,889	435	% of PCPs with at Least One Non-Medicaid Support Strategy Across Three or More Domains	42.6%	47.6%
	ID/LAH Waivers	CWP													
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Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Three)												
M12. Support strategies not paid by Medicaid	<p>Average percentage of non-Medicaid HCBS support strategy types in person-centered plans compared to ID and LAH waivers</p> <p>A key objective of the CWP is to incorporate into person-centered planning the full range of services and supports available including more individualized and integrated services; this measure assesses the magnitude of the planned use of non-waiver services</p>	Individuals in the CWP; comparison made to individuals in the ID and LAH waivers	<p>As detailed in the following table, 58.8 percent of the strategy types found in CWP participants’ PCPs that were active during the evaluation year are non-Medicaid funded, 22.6 percentage points higher than ID/LAH waiver participants’ PCPs. Since Year 2, the average proportion of strategies in CWP participants’ PCP strategies that were not Medicaid funded increased slightly, from 57.0 percent to 58.8 percent, and the proportion of ID/LAH waiver participants’ PCP strategies that were not Medicaid funded decreased, from 39.0 percent to 36.2 percent.</p> <table><tr><td></td><td>ID/LAH Waivers</td><td>CWP</td></tr><tr><td>Total Strategies That are Non-Medicaid Funded</td><td>12,751</td><td>1,547</td></tr><tr><td>Total Strategies</td><td>35,241</td><td>2,631</td></tr><tr><td>% of Strategies That are Non-Medicaid Funded</td><td>36.2%</td><td>58.8%</td></tr></table>		ID/LAH Waivers	CWP	Total Strategies That are Non-Medicaid Funded	12,751	1,547	Total Strategies	35,241	2,631	% of Strategies That are Non-Medicaid Funded	36.2%	58.8%
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% of Strategies That are Non-Medicaid Funded	36.2%	58.8%													

Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Three)															
M13. Individuals with diverse support strategies in their person-centered plan (PCP)	<p>Percentage of individuals whose person-centered plans include multiple support strategy types in each of the five life domains as compared to the person-centered plans of individuals in the ID and LAH waivers</p> <p>A key goal of the CWP is to increase the utilization of the full range of services and supports available including more individualized and integrated services; this measure assesses the use of multiple strategies to address individuals’ needs</p>	Individuals in the CWP; comparison made to individuals in the ID and LAH waivers (measured both within the counties where the demonstration is available and statewide)	<p>The table below illustrates the proportion of participants in the ID/LAH waivers and CWP with multiple strategy types (including both Medicaid and non-Medicaid funded strategies) in their PCPs in year three. ID/LAH waiver participants were more likely to have a higher number of diverse support strategies within their PCPs than CWP participants (12.0 percent compared to 9.9 percent, respectively.) This is a similar trend to year two, when the percentages were 13.2 percent compared to 6.6 percent, respectively.</p> <table><tr><th colspan="3">Proportion of PCPs with Multiple Strategy Types (Statewide)</th></tr><tr><th></th><th>ID/LAH Waivers</th><th>CWP</th></tr><tr><td>Total PCPs</td><td>4,889</td><td>435</td></tr><tr><td>Count of PCPs with Multiple Strategy Types</td><td>667</td><td>48</td></tr><tr><td>% of PCPs with Multiple Strategy Types</td><td>12.0%</td><td>9.9%</td></tr></table>	Proportion of PCPs with Multiple Strategy Types (Statewide)				ID/LAH Waivers	CWP	Total PCPs	4,889	435	Count of PCPs with Multiple Strategy Types	667	48	% of PCPs with Multiple Strategy Types	12.0%	9.9%
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	ID/LAH Waivers	CWP																
Total PCPs	4,889	435																
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The proportion of PCPs with multiple strategy types for CWP participants in Regions 3 and 4 were 21.8 percent and 20.9 percent, respectively, above the corresponding rates for ID/LAH waiver participants in these regions (2.9 percent and 8.8 percent, respectively), as illustrated in the tables below.

Region 1	ID/LAH Waivers	CWP
Total PCPs	1,497	102
Count of PCPs with Multiple Strategy Types	434	0
% of PCPs with Multiple Strategy Types	22.5%	0.0%

Region 2	ID/LAH Waivers	CWP
Total PCPs	677	100
Count of PCPs with Multiple Strategy Types	64	3
% of PCPs with Multiple Strategy Types	8.6%	2.9%

Region 3	ID/LAH Waivers	CWP
Total PCPs	842	104
Count of PCPs with Multiple Strategy Types	25	29
% of PCPs with Multiple Strategy Types	2.9%	21.8%

Region 4	ID/LAH Waivers	CWP
Total PCPs	917	53
Count of PCPs with Multiple Strategy Types	88	14
% of PCPs with Multiple Strategy Types	8.8%	20.9%

Region 5	ID/LAH Waivers	CWP
Total PCPs	956	76
Count of PCPs with Multiple Strategy Types	56	2
% of PCPs with Multiple Strategy Types	5.5%	2.6%

Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Three)																																																																																															
M14. Allocation of spending	<p>Percentage of annual spending in each service category grouping (e.g., residential, employment) compared to the distribution of spending in the ID and LAH waivers</p> <p>A key objective of the CWP is to increase the utilization of the full range of paid and unpaid services and supports available including more individualized and integrated services; this measure assesses how Medicaid funds are allocated across different service categories</p>	Individuals in the CWP; comparison made to individuals in the ID and LAH waivers (measured both within the counties where the demonstration is available and statewide)	<p>The following table includes 17 service categories, each comprising one or more waiver services. The distribution of utilization across service categories is more pronounced in the CWP, with 6 service categories representing at least 1 percent of spending as compared to only 4 service categories in the ID/LAH waivers, largely due to the significant reliance on Residential Services in the ID waiver. The difference in the proportion of spending on more integrated HCBS (such as community integration, assistive technology, and respite services) in the CWP is significant.</p> <table><caption>FY2024 Claims Spending Distribution by Service Category (Statewide)</caption><tr><th>Service Category</th><th>CWP</th><th>CWP % of Total</th><th>ID/LAH</th><th>ID/LAH % of Total</th></tr><tr><td>Residential</td><td>\$4,248,432</td><td>64.8%</td><td>\$383,782,976</td><td>82.5%</td></tr><tr><td>Personal Assistance</td><td>\$700,271</td><td>10.7%</td><td>\$38,985,323</td><td>8.4%</td></tr><tr><td>Day Habilitation</td><td>\$0</td><td>0.0%</td><td>\$19,310,938</td><td>4.2%</td></tr><tr><td>Community Integration</td><td>\$1,146,074</td><td>17.5%</td><td>\$16,416,108</td><td>3.5%</td></tr><tr><td>Group Employment</td><td>\$23,114</td><td>0.4%</td><td>\$1,683,824</td><td>0.4%</td></tr><tr><td>Positive Behavior Supports</td><td>\$9,300</td><td>0.1%</td><td>\$1,139,811</td><td>0.2%</td></tr><tr><td>Nursing</td><td>\$0</td><td>0.0%</td><td>\$754,174</td><td>0.2%</td></tr><tr><td>Transportation</td><td>\$159,896</td><td>2.4%</td><td>\$754,332</td><td>0.2%</td></tr><tr><td>Respite</td><td>\$80,143</td><td>1.2%</td><td>\$955,486</td><td>0.2%</td></tr><tr><td>Supported Living</td><td>\$0</td><td>0.0%</td><td>\$228,405</td><td>0.0%</td></tr><tr><td>Pre-Employment</td><td>\$0</td><td>0.0%</td><td>\$217,345</td><td>0.0%</td></tr><tr><td>Individual Employment</td><td>\$58,778</td><td>0.9%</td><td>\$98,394</td><td>0.0%</td></tr><tr><td>Therapies</td><td>\$4,307</td><td>0.1%</td><td>\$134,782</td><td>0.0%</td></tr><tr><td>Assistive Technology</td><td>\$77,189</td><td>1.2%</td><td>\$178,869</td><td>0.0%</td></tr><tr><td>Unknown</td><td>\$39,546</td><td>0.6%</td><td>\$546,282</td><td>0.1%</td></tr><tr><td>Housing Supports/ Home Modif.</td><td>\$0</td><td>0.0%</td><td>\$25,434</td><td>0.0%</td></tr><tr><td>Remote Supports</td><td>\$12,144</td><td>0.2%</td><td>\$20,639</td><td>0.0%</td></tr><tr><td>Total Spending</td><td>\$6,559,193</td><td></td><td>\$465,233,121</td><td></td></tr></table>	Service Category	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total	Residential	\$4,248,432	64.8%	\$383,782,976	82.5%	Personal Assistance	\$700,271	10.7%	\$38,985,323	8.4%	Day Habilitation	\$0	0.0%	\$19,310,938	4.2%	Community Integration	\$1,146,074	17.5%	\$16,416,108	3.5%	Group Employment	\$23,114	0.4%	\$1,683,824	0.4%	Positive Behavior Supports	\$9,300	0.1%	\$1,139,811	0.2%	Nursing	\$0	0.0%	\$754,174	0.2%	Transportation	\$159,896	2.4%	\$754,332	0.2%	Respite	\$80,143	1.2%	\$955,486	0.2%	Supported Living	\$0	0.0%	\$228,405	0.0%	Pre-Employment	\$0	0.0%	\$217,345	0.0%	Individual Employment	\$58,778	0.9%	\$98,394	0.0%	Therapies	\$4,307	0.1%	\$134,782	0.0%	Assistive Technology	\$77,189	1.2%	\$178,869	0.0%	Unknown	\$39,546	0.6%	\$546,282	0.1%	Housing Supports/ Home Modif.	\$0	0.0%	\$25,434	0.0%	Remote Supports	\$12,144	0.2%	\$20,639	0.0%	Total Spending	\$6,559,193		\$465,233,121	
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Assistive Technology	\$77,189	1.2%	\$178,869	0.0%																																																																																														
Unknown	\$39,546	0.6%	\$546,282	0.1%																																																																																														
Housing Supports/ Home Modif.	\$0	0.0%	\$25,434	0.0%																																																																																														
Remote Supports	\$12,144	0.2%	\$20,639	0.0%																																																																																														
Total Spending	\$6,559,193		\$465,233,121																																																																																															

However, CWP participants were less likely to utilize the full suite of available services at a regional level. For example, CWP participants in Regions 1 and 4 utilized less than half of the service categories (compared to 82 percent of the service categories by legacy waiver participants in Region 1 and 71 percent in Region 4).

FY2024 Claims Spending Distribution by Service Category (Region 1)

Service Category	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total
Residential	\$28,615	4.9%	\$67,547,919	83.7%
Personal Assistance	\$151,959	25.9%	\$5,628,476	7.0%
Day Habilitation	\$0	0.0%	\$859,701	1.1%
Community Integration	\$293,746	50.0%	\$5,225,327	6.5%
Group Employment	\$0	0.0%	\$810,370	1.0%
Positive Behavior Supports	\$0	0.0%	\$20,899	0.0%
Nursing	\$0	0.0%	\$57,580	0.1%
Transportation	\$67,013	11.4%	\$170,212	0.2%
Respite	\$29,099	5.0%	\$223,973	0.3%
Supported Living	\$0	0.0%	\$0	0.0%
Pre-Employment	\$0	0.0%	\$0	0.0%
Individual Employment	\$0	0.0%	\$40,810	0.1%
Therapies	\$0	0.0%	\$0	0.0%
Assistive Technology	\$10,996	1.9%	\$31,650	0.0%
Unknown	\$5,928	1.0%	\$100,657	0.1%
Housing Supports/ Home Modif.	\$0	0.0%	\$4,834	0.0%
Remote Supports	\$0	0.0%	\$1,959	0.0%
Total Spending	\$587,356		\$80,724,367	

FY2024 Claims Spending Distribution by Service Category (Region 2)

Service Category	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total
Residential	\$326,246	30.2%	\$32,378,880	74.9%
Personal Assistance	\$152,253	14.1%	\$6,247,925	14.5%
Day Habilitation	\$0	0.0%	\$848,740	2.0%
Community Integration	\$456,071	42.3%	\$2,693,198	6.2%
Group Employment	\$13,363	1.2%	\$395,258	0.9%
Positive Behavior Supports	\$0	0.0%	\$13,239	0.0%
Nursing	\$0	0.0%	\$161,565	0.4%
Transportation	\$34,738	3.2%	\$146,152	0.3%
Respite	\$15,789	1.5%	\$220,882	0.5%
Supported Living	\$0	0.0%	\$0	0.0%
Pre-Employment	\$0	0.0%	\$0	0.0%
Individual Employment	\$48,577	4.5%	\$13,659	0.0%
Therapies	\$0	0.0%	\$0	0.0%
Assistive Technology	\$23,582	2.2%	\$53,268	0.1%
Unknown	\$7,586	0.7%	\$48,464	0.1%
Housing Supports/ Home Modif.	\$0	0.0%	\$0	0.0%
Remote Supports	\$500	0.0%	\$7,065	0.0%
Total Spending	\$1,078,705		\$43,228,297	

FY2024 Claims Spending Distribution by Service Category (Region 3)

Service Category	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total
Residential	\$1,939,485	85.3%	\$66,264,773	86.1%
Personal Assistance	\$138,109	6.1%	\$6,582,442	8.5%
Day Habilitation	\$0	0.0%	\$2,256,133	2.9%
Community Integration	\$122,481	5.4%	\$637,005	0.8%
Group Employment	\$0	0.0%	\$1,058	0.0%
Positive Behavior Supports	\$2,625	0.1%	\$470,056	0.6%
Nursing	\$0	0.0%	\$415,365	0.5%
Transportation	\$21,246	0.9%	\$52,200	0.1%
Respite	\$28,506	1.3%	\$291,352	0.4%
Supported Living	\$0	0.0%	\$0	0.0%
Pre-Employment	\$0	0.0%	\$0	0.0%
Individual Employment	\$0	0.0%	\$0	0.0%
Therapies	\$400	0.0%	\$2,781	0.0%
Assistive Technology	\$14,662	0.6%	\$6,365	0.0%
Unknown	\$0	0.0%	\$7,398	0.0%
Housing Supports/ Home Modif.	\$0	0.0%	\$4,900	0.0%
Remote Supports	\$5,580	0.2%	\$0	0.0%
Total Spending	\$2,273,094		\$76,991,827	

FY2024 Claims Spending Distribution by Service Category (Region 4)

Service Category	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total
Residential	\$862,885	80.2%	\$39,301,977	86.4%
Personal Assistance	\$89,552	8.3%	\$3,181,286	7.0%
Day Habilitation	\$0	0.0%	\$2,396,485	5.3%
Community Integration	\$79,239	7.4%	\$293,390	0.6%
Group Employment	\$0	0.0%	\$0	0.0%
Positive Behavior Supports	\$0	0.0%	\$79,261	0.2%
Nursing	\$0	0.0%	\$29,398	0.1%
Transportation	\$12,834	1.2%	\$25,768	0.1%
Respite	\$2,387	0.2%	\$0	0.0%
Supported Living	\$0	0.0%	\$0	0.0%
Pre-Employment	\$0	0.0%	\$130,242	0.3%
Individual Employment	\$0	0.0%	\$0	0.0%
Therapies	\$0	0.0%	\$0	0.0%
Assistive Technology	\$21,241	2.0%	\$11,354	0.0%
Unknown	\$2,242	0.2%	\$56,901	0.1%
Housing Supports/ Home Modif.	\$0	0.0%	\$5,000	0.0%
Remote Supports	\$6,064	0.6%	\$660	0.0%
Total Spending	\$1,076,445		\$45,511,722	

Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Three)																																																																																															
			<div>FY2024 Claims Spending Distribution by Service Category (Region 5)</div> <table><tr><th>Service Category</th><th>CWP</th><th>CWP % of Total</th><th>ID/LAH</th><th>ID/LAH % of Total</th></tr><tr><td>Residential</td><td>\$1,091,200</td><td>70.7%</td><td>\$59,672,479</td><td>86.4%</td></tr><tr><td>Personal Assistance</td><td>\$168,399</td><td>10.9%</td><td>\$3,173,989</td><td>4.6%</td></tr><tr><td>Day Habilitation</td><td>\$0</td><td>0.0%</td><td>\$2,680,927</td><td>3.9%</td></tr><tr><td>Community Integration</td><td>\$194,537</td><td>12.6%</td><td>\$2,608,260</td><td>3.8%</td></tr><tr><td>Group Employment</td><td>\$9,751</td><td>0.6%</td><td>\$352,222</td><td>0.5%</td></tr><tr><td>Positive Behavior Supports</td><td>\$6,675</td><td>0.4%</td><td>\$373,048</td><td>0.5%</td></tr><tr><td>Nursing</td><td>\$0</td><td>0.0%</td><td>\$189</td><td>0.0%</td></tr><tr><td>Transportation</td><td>\$24,065</td><td>1.6%</td><td>\$37,279</td><td>0.1%</td></tr><tr><td>Respite</td><td>\$4,361</td><td>0.3%</td><td>\$7,879</td><td>0.0%</td></tr><tr><td>Supported Living</td><td>\$0</td><td>0.0%</td><td>\$0</td><td>0.0%</td></tr><tr><td>Pre-Employment</td><td>\$0</td><td>0.0%</td><td>\$25,646</td><td>0.0%</td></tr><tr><td>Individual Employment</td><td>\$10,201</td><td>0.7%</td><td>\$0</td><td>0.0%</td></tr><tr><td>Therapies</td><td>\$3,907</td><td>0.3%</td><td>\$100,530</td><td>0.1%</td></tr><tr><td>Assistive Technology</td><td>\$6,708</td><td>0.4%</td><td>\$12,844</td><td>0.0%</td></tr><tr><td>Unknown</td><td>\$23,790</td><td>1.5%</td><td>\$52,130</td><td>0.1%</td></tr><tr><td>Housing Supports/ Home Modif.</td><td>\$0</td><td>0.0%</td><td>\$0</td><td>0.0%</td></tr><tr><td>Remote Supports</td><td>\$0</td><td>0.0%</td><td>\$1,070</td><td>0.0%</td></tr><tr><td>Total Spending</td><td>\$1,543,593</td><td></td><td>\$69,098,491</td><td></td></tr></table>	Service Category	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total	Residential	\$1,091,200	70.7%	\$59,672,479	86.4%	Personal Assistance	\$168,399	10.9%	\$3,173,989	4.6%	Day Habilitation	\$0	0.0%	\$2,680,927	3.9%	Community Integration	\$194,537	12.6%	\$2,608,260	3.8%	Group Employment	\$9,751	0.6%	\$352,222	0.5%	Positive Behavior Supports	\$6,675	0.4%	\$373,048	0.5%	Nursing	\$0	0.0%	\$189	0.0%	Transportation	\$24,065	1.6%	\$37,279	0.1%	Respite	\$4,361	0.3%	\$7,879	0.0%	Supported Living	\$0	0.0%	\$0	0.0%	Pre-Employment	\$0	0.0%	\$25,646	0.0%	Individual Employment	\$10,201	0.7%	\$0	0.0%	Therapies	\$3,907	0.3%	\$100,530	0.1%	Assistive Technology	\$6,708	0.4%	\$12,844	0.0%	Unknown	\$23,790	1.5%	\$52,130	0.1%	Housing Supports/ Home Modif.	\$0	0.0%	\$0	0.0%	Remote Supports	\$0	0.0%	\$1,070	0.0%	Total Spending	\$1,543,593		\$69,098,491	
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M15. Service utilization	<p>Percentage of individuals utilizing at least one unit of service within a service category grouping in the evaluation year compared to the ID and LAH waivers</p> <p>A key objective of the CWP is to increase the utilization of the full range of paid and unpaid services and supports available including more individualized and integrated services; this measure assesses the use of categories of services</p>	Individuals in the CWP; comparison made to individuals in the ID and LAH waivers (measured both within the counties where the demonstration is available and statewide)	<p>Among the same 17 service categories reported in M14 above, CWP participants were somewhat more likely to participate in a wider range of service categories than ID/LAH participants at the Statewide level. For example, a greater proportion of CWP participants utilized a given service category in 53 percent of the service categories statewide.</p> <p>FY2024 Count of Participants Utilizing Each Service Category (Statewide)</p> <table><tr><th>Service Category</th><th>CWP</th><th>CWP % of Total</th><th>ID/LAH</th><th>ID/LAH % of Total</th></tr><tr><td>Residential</td><td>49</td><td>17.5%</td><td>2,965</td><td>63.3%</td></tr><tr><td>Personal Assistance</td><td>111</td><td>39.6%</td><td>1,034</td><td>22.1%</td></tr><tr><td>Day Habilitation</td><td>0</td><td>0.0%</td><td>2,109</td><td>45.0%</td></tr><tr><td>Community Integration</td><td>173</td><td>61.8%</td><td>1,676</td><td>35.8%</td></tr><tr><td>Group Employment</td><td>6</td><td>2.1%</td><td>130</td><td>2.8%</td></tr><tr><td>Positive Behavior Supports</td><td>3</td><td>1.1%</td><td>587</td><td>12.5%</td></tr><tr><td>Nursing</td><td>0</td><td>0.0%</td><td>59</td><td>1.3%</td></tr><tr><td>Transportation</td><td>116</td><td>41.4%</td><td>582</td><td>12.4%</td></tr><tr><td>Respite</td><td>38</td><td>13.6%</td><td>122</td><td>2.6%</td></tr><tr><td>Supported Living</td><td>0</td><td>0.0%</td><td>6</td><td>0.1%</td></tr><tr><td>Pre-Employment</td><td>0</td><td>0.0%</td><td>43</td><td>0.9%</td></tr><tr><td>Individual Employment</td><td>10</td><td>3.6%</td><td>106</td><td>2.3%</td></tr><tr><td>Therapies</td><td>5</td><td>1.8%</td><td>55</td><td>1.2%</td></tr><tr><td>Assistive Technology</td><td>66</td><td>23.6%</td><td>159</td><td>3.4%</td></tr><tr><td>Unknown</td><td>11</td><td>3.9%</td><td>120</td><td>2.6%</td></tr><tr><td>Housing Supports/ Home Modif.</td><td>0</td><td>0.0%</td><td>8</td><td>0.2%</td></tr><tr><td>Remote Supports</td><td>12</td><td>4.3%</td><td>74</td><td>1.6%</td></tr><tr><td>Total Spending</td><td>280</td><td></td><td>4,685</td><td></td></tr></table>	Service Category	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total	Residential	49	17.5%	2,965	63.3%	Personal Assistance	111	39.6%	1,034	22.1%	Day Habilitation	0	0.0%	2,109	45.0%	Community Integration	173	61.8%	1,676	35.8%	Group Employment	6	2.1%	130	2.8%	Positive Behavior Supports	3	1.1%	587	12.5%	Nursing	0	0.0%	59	1.3%	Transportation	116	41.4%	582	12.4%	Respite	38	13.6%	122	2.6%	Supported Living	0	0.0%	6	0.1%	Pre-Employment	0	0.0%	43	0.9%	Individual Employment	10	3.6%	106	2.3%	Therapies	5	1.8%	55	1.2%	Assistive Technology	66	23.6%	159	3.4%	Unknown	11	3.9%	120	2.6%	Housing Supports/ Home Modif.	0	0.0%	8	0.2%	Remote Supports	12	4.3%	74	1.6%	Total Spending	280		4,685	
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At the regional level, a lesser average proportion of CWP participants utilized each service. For example, in Region 1, a greater proportion of CWP participants utilized services in only about one-of-three service categories, compared to Region 5, where a greater proportion of CWP participants utilized a service in 47 percent of the service categories.

FY2024 Count of Participants Utilizing Each Service Category (Region 1)

Service Category	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total
Residential	2	3.4%	537	73.2%
Personal Assistance	20	34.5%	146	19.9%
Day Habilitation	0	0.0%	143	19.5%
Community Integration	40	69.0%	374	51.0%
Group Employment	0	0.0%	48	6.5%
Positive Behavior Supports	0	0.0%	7	1.0%
Nursing	0	0.0%	4	0.5%
Transportation	37	63.8%	121	16.5%
Respite	4	6.9%	21	2.9%
Supported Living	0	0.0%	0	0.0%
Pre-Employment	0	0.0%	0	0.0%
Individual Employment	0	0.0%	64	8.7%
Therapies	0	0.0%	0	0.0%
Assistive Technology	7	12.1%	22	3.0%
Unknown	1	1.7%	18	2.5%
Housing Supports/ Home Modif.	0	0.0%	2	0.3%
Remote Supports	2	3.4%	8	1.1%
Total Participants	58		734	

FY2024 Count of Participants Utilizing Each Service Category (Region 2)

Service Category	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total
Residential	7	9.9%	258	56.6%
Personal Assistance	24	33.8%	162	35.5%
Day Habilitation	0	0.0%	144	31.6%
Community Integration	52	73.2%	198	43.4%
Group Employment	4	5.6%	35	7.7%
Positive Behavior Supports	0	0.0%	12	2.6%
Nursing	0	0.0%	4	0.9%
Transportation	33	46.5%	109	23.9%
Respite	8	11.3%	19	4.2%
Supported Living	0	0.0%	0	0.0%
Pre-Employment	0	0.0%	0	0.0%
Individual Employment	6	8.5%	8	1.8%
Therapies	0	0.0%	0	0.0%
Assistive Technology	21	29.6%	51	11.2%
Unknown	6	8.5%	39	8.6%
Housing Supports/ Home Modif.	0	0.0%	0	0.0%
Remote Supports	4	5.6%	29	6.4%
Total Participants	71		456	

FY2024 Count of Participants Utilizing Each Service Category (Region 3)

Service Category	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total
Residential	20	30.3%	452	69.4%
Personal Assistance	31	47.0%	146	22.4%
Day Habilitation	0	0.0%	234	35.9%
Community Integration	31	47.0%	82	12.6%
Group Employment	0	0.0%	1	0.2%
Positive Behavior Supports	1	1.5%	226	34.7%
Nursing	0	0.0%	38	5.8%
Transportation	18	27.3%	52	8.0%
Respite	21	31.8%	47	7.2%
Supported Living	0	0.0%	0	0.0%
Pre-Employment	0	0.0%	0	0.0%
Individual Employment	0	0.0%	0	0.0%
Therapies	2	3.0%	1	0.2%
Assistive Technology	17	25.8%	6	0.9%
Unknown	1	1.5%	5	0.8%
Housing Supports/ Home Modif.	0	0.0%	1	0.2%
Remote Supports	1	1.5%	0	0.0%
Total Participants	66		651	

FY2024 Count of Participants Utilizing Each Service Category (Region 4)

Service Category	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total
Residential	8	20.5%	290	65.0%
Personal Assistance	19	48.7%	89	20.0%
Day Habilitation	0	0.0%	275	61.7%
Community Integration	19	48.7%	141	31.6%
Group Employment	0	0.0%	0	0.0%
Positive Behavior Supports	0	0.0%	45	10.1%
Nursing	0	0.0%	2	0.4%
Transportation	18	46.2%	35	7.8%
Respite	2	5.1%	0	0.0%
Supported Living	0	0.0%	0	0.0%
Pre-Employment	0	0.0%	8	1.8%
Individual Employment	0	0.0%	0	0.0%
Therapies	0	0.0%	0	0.0%
Assistive Technology	16	41.0%	6	1.3%
Unknown	2	5.1%	4	0.9%
Housing Supports/ Home Modif.	0	0.0%	2	0.4%
Remote Supports	4	10.3%	2	0.4%
Total Participants	39		446	

Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Three)																																																																																															
			<div>FY2024 Count of Participants Utilizing Each Service Category (Region 5)</div> <table><tr><th>Service Category</th><th>CWP</th><th>CWP % of Total</th><th>ID/LAH</th><th>ID/LAH % of Total</th></tr><tr><td>Residential</td><td>12</td><td>26.1%</td><td>473</td><td>77.4%</td></tr><tr><td>Personal Assistance</td><td>17</td><td>37.0%</td><td>77</td><td>12.6%</td></tr><tr><td>Day Habilitation</td><td>0</td><td>0.0%</td><td>230</td><td>37.6%</td></tr><tr><td>Community Integration</td><td>31</td><td>67.4%</td><td>203</td><td>33.2%</td></tr><tr><td>Group Employment</td><td>2</td><td>4.3%</td><td>35</td><td>5.7%</td></tr><tr><td>Positive Behavior Supports</td><td>2</td><td>4.3%</td><td>193</td><td>31.6%</td></tr><tr><td>Nursing</td><td>0</td><td>0.0%</td><td>1</td><td>0.2%</td></tr><tr><td>Transportation</td><td>10</td><td>21.7%</td><td>30</td><td>4.9%</td></tr><tr><td>Respite</td><td>3</td><td>6.5%</td><td>1</td><td>0.2%</td></tr><tr><td>Supported Living</td><td>0</td><td>0.0%</td><td>0</td><td>0.0%</td></tr><tr><td>Pre-Employment</td><td>0</td><td>0.0%</td><td>9</td><td>1.5%</td></tr><tr><td>Individual Employment</td><td>4</td><td>8.7%</td><td>0</td><td>0.0%</td></tr><tr><td>Therapies</td><td>3</td><td>6.5%</td><td>45</td><td>7.4%</td></tr><tr><td>Assistive Technology</td><td>5</td><td>10.9%</td><td>12</td><td>2.0%</td></tr><tr><td>Unknown</td><td>1</td><td>2.2%</td><td>11</td><td>1.8%</td></tr><tr><td>Housing Supports/ Home Modif.</td><td>0</td><td>0.0%</td><td>0</td><td>0.0%</td></tr><tr><td>Remote Supports</td><td>1</td><td>2.2%</td><td>7</td><td>1.1%</td></tr><tr><td>Total Participants</td><td>46</td><td></td><td>611</td><td></td></tr></table>	Service Category	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total	Residential	12	26.1%	473	77.4%	Personal Assistance	17	37.0%	77	12.6%	Day Habilitation	0	0.0%	230	37.6%	Community Integration	31	67.4%	203	33.2%	Group Employment	2	4.3%	35	5.7%	Positive Behavior Supports	2	4.3%	193	31.6%	Nursing	0	0.0%	1	0.2%	Transportation	10	21.7%	30	4.9%	Respite	3	6.5%	1	0.2%	Supported Living	0	0.0%	0	0.0%	Pre-Employment	0	0.0%	9	1.5%	Individual Employment	4	8.7%	0	0.0%	Therapies	3	6.5%	45	7.4%	Assistive Technology	5	10.9%	12	2.0%	Unknown	1	2.2%	11	1.8%	Housing Supports/ Home Modif.	0	0.0%	0	0.0%	Remote Supports	1	2.2%	7	1.1%	Total Participants	46		611	
Service Category	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total																																																																																														
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Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Three)
Goal 4: Prevention of escalation of needs of participants			
<p>Research Question 4a: To what degree does the CWP result in a lower proportion of crises among CWP participants than among ID and LAH participants, and a lower proportion of emergency enrollments as a result of crises among individuals on the waiver waiting list in the counties where the CWP is available as compared to the rest of the state?</p> <p>Hypothesis 4a: The CWP will result in a lower proportion of crises among individuals in the CWP compared to those in the ID and LAH waivers, and a lower proportion of emergency enrollments as a result of crises among individuals on the waiver waiting list in the counties where the CWP is available as compared to the rest of the state.</p>			
M16. Individuals who experience a documented crisis	<p>Percentage of individuals who experience a documented crisis compared to the percentage in the ID and LAH waivers</p> <p>A key objective of the CWP is to reduce the number of crises that individuals experience; this measure assesses incidence of crises</p>	Enrollees in the CWP; comparison made to enrollees in the ID and LAH waivers (measured both within the counties where the demonstration is available and statewide)	<p>This measure is not reported for demonstration year 3 because additional development of the information system infrastructure is required to report the necessary data in a valid and reliable manner.</p> <p>HMA is working with the State on alternate data sources and methodology to support this measure, and plan to report on progress in early CY 2025.</p>
M17. Crises experienced by individuals	<p>Number of crises per individual</p> <p>A key objective of the CWP is to reduce the number of crises that individuals experience; this measure assesses the recurrence of crises</p>	Enrollees in the CWP; comparison made to enrollees in the ID and LAH waivers (measured both within the counties where the demonstration is available and statewide)	<p>This measure is not reported for demonstration year 3 because additional development of the information system infrastructure is required to report the necessary data in a valid and reliable manner.</p> <p>HMA is working with the State on alternate data sources and methodology to support this measure, and plan to report on progress in early CY 2025.</p>

Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Three)												
M18. Emergency enrollments due to crises	<p>Emergency enrollments (based on a documented crisis) from the waiting list as a percentage of total new enrollments in counties where the CWP operates compared to the same percentage in counties where the CWP does not operate</p> <p>A key objective of the CWP is to reduce the number of crises that individuals experience; this measure assesses the extent to which crises result in emergency enrollments</p>	Individuals on waitlist in CWP counties; comparisons made to individuals on waitlist in remainder of counties where CWP is not available	<p>Emergency enrollments constituted a higher proportion of total enrollments in counties in which the CWP is not operated compared to counties in which the CWP is currently available. As the table below shows, 17.6 percent of enrollments in non-CWP counties were due to an emergency reason (such as loss of a caregiver) compared to only 9.2 percent of enrollments in CWP counties.</p> <table><tr><td></td><td>CWP Counties</td><td>Non-CWP Counties</td></tr><tr><td>Emergency Enrollments</td><td>11</td><td>25</td></tr><tr><td>Total Enrollments</td><td>119</td><td>142</td></tr><tr><td>Pct of Total Enrollments</td><td>9.2%</td><td>17.6%</td></tr></table>		CWP Counties	Non-CWP Counties	Emergency Enrollments	11	25	Total Enrollments	119	142	Pct of Total Enrollments	9.2%	17.6%
	CWP Counties	Non-CWP Counties													
Emergency Enrollments	11	25													
Total Enrollments	119	142													
Pct of Total Enrollments	9.2%	17.6%													

Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Three)
Research Question 4b: To what degree does the CWP prevent an escalation of needs that would result in 1915(c) eligibility and enrollment among CWP Group 5 participants? Hypothesis 4b: The majority of CWP participants who do not meet an institutional level of care will not experience an escalation of needs resulting in enrollment in a 1915(c) group.			
M19. Individuals who remain in Group 5	Percentage of individuals in Group 5 who remain in Group 5 during the evaluation period A key objective of the CWP is to prevent escalation of needs for individuals who do not yet require an institutional level of care; this measure assesses the maintenance of enrollment in the non-institutional level of care group	Individuals enrolled in Group 5; changes tracked over the duration of the demonstration	As of the end of demonstration year 3, there were 3 individuals enrolled in the CWP Group 5, but none of these individuals needs escalated to resulting in enrollment in a 1915(c) group.

Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Three)														
Goal 5: Increased stability and quality of providers																	
Research Question 5a: To what degree does the CWP result in higher average wages and lower average turnover rates for direct support workers (DSWs) employed through self-direction compared to DSWs employed by provider agencies?																	
Hypothesis 5a: The CWP will result in higher average wages and lower average turnover rates for direct support workers employed through a self-directed model compared to DSWs employed by provider agencies.																	
M20. Average hourly wages of direct support workers	Average hourly wage for DSWs delivering self-directed services compared to agency employed DSWs A key objective of the CWP is to support the DSW workforce through the increased use of self-direction; this measure assesses wages	DSWs employed through a self-directed model in the CWP; comparison made to agency-employed DSWs in the CWP	Average hourly wages for direct support workers (DSWs) delivering self-directed services grew from \$19.02 per hour to \$20.03 per hour between DY2 and DY3. In DY3, average DSW wages for self-directed companion services were \$12.09 per hour, somewhat lower than the \$12.52 average hourly wage reported by Alabama-based agencies participating in the 2023 State of the Workforce Survey Report produced by National Core Indicators® Intellectual and Developmental Disabilities. However, self-directed wages for DSWs delivering personal care were considerably higher than agency wages - \$20.03 per hour compared to \$12.52 per hour as described in the table below. <table><tr><th colspan="3">Average Hourly Wages for DSWs</th></tr><tr><th></th><th>Self-Directed*</th><th>Agency**</th></tr><tr><td>Companion Services</td><td>\$12.09</td><td rowspan="2">N/A</td></tr><tr><td>Personal Care</td><td>\$20.68</td></tr><tr><td>Weighted Average Wage</td><td>\$20.03</td><td>\$12.52</td></tr></table> <p>*Based on self-directed payment data from the first quarter of FY2024 (the portion of the fiscal year that falls in calendar year 2023, ensuring the time period is comparable to the 2023 agency figures. Wages are reported for companion services and personal care based on service codes in self-directed payment data, and are aggregated as a weighted average (weighted on the number of claimed hours in the self-directed payment data).</p> <p>**Based on Alabama-specific wages reported in the National Core Indicators State of the Workforce Survey Report (2023).</p>	Average Hourly Wages for DSWs				Self-Directed*	Agency**	Companion Services	\$12.09	N/A	Personal Care	\$20.68	Weighted Average Wage	\$20.03	\$12.52
Average Hourly Wages for DSWs																	
	Self-Directed*	Agency**															
Companion Services	\$12.09	N/A															
Personal Care	\$20.68																
Weighted Average Wage	\$20.03	\$12.52															

Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Three)									
M21. Average turnover rates of direct support workers (DSWs)	<p>Average turnover rate for DSWs delivering self-directed services compared to agency employed DSWs</p> <p>A key objective of the CWP is to support the DSW workforce through the increased use of self-direction; this measure assess turnover</p>	DSWs employed through a self-directed model in the CWP; comparison made to agency-employed DSWs in the CWP	<p>Average turnover rates for direct support workers (DSWs) delivering self-directed services were about 16.3 percentage points lower than turnover rates among DSWs employed by agency providers.</p> <table><tr><th colspan="3">Average Turnover Rates Among DSWs Serving CWP Participants Through Self-Directed or Agency-Based Service Models</th></tr><tr><td></td><th>Self-Directed</th><th>Agency</th></tr><tr><td>DSW Turnover Rate</td><td>23.0%</td><td>39.3%</td></tr></table>	Average Turnover Rates Among DSWs Serving CWP Participants Through Self-Directed or Agency-Based Service Models				Self-Directed	Agency	DSW Turnover Rate	23.0%	39.3%
Average Turnover Rates Among DSWs Serving CWP Participants Through Self-Directed or Agency-Based Service Models												
	Self-Directed	Agency										
DSW Turnover Rate	23.0%	39.3%										

Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Three)
<p>Research Question 5b: To what degree does the CWP result in participating provider agencies reporting greater organizational stability as a result of their CWP participation, and greater stability as compared to providers participating only in the ID and LAH waivers?</p> <p>Hypothesis 5b: The Community Waiver Program will result in participating provider agencies reporting greater organizational stability compared to ID and LAH waiver providers.</p>			
M22. Self-reported provider agency stability	<p>Percent of CWP providers that self-report greater organizational stability</p> <p>A key objective of the CWP is to increase organizational stability for participating providers</p>	Agencies enrolled in the CWP; comparison made to agencies that provide ID and LAH waiver services, but not CWP services	<p>Baseline survey</p> <p>The baseline provider stability survey was administered to CWP and ID/LAH providers near launch of the CWP.</p> <p>Baseline Survey Participation</p> <p>In total, 43 providers participated in the survey. Twenty-one CWP providers and 22 ID/LAH providers completed the survey.</p> <ul style="list-style-type: none"> • CWP and ID/LAH providers: 18 • ID/LAH only providers: 16 • CWP only providers: 9 <p>Outcomes</p> <p>Baseline data was reported in the Demonstration Year Two Annual Report. The provider survey will be administered again in calendar year 2025 and included in the Interim Evaluation Report, as well as being conducted at the end of the demonstration evaluation period for inclusion in the Final Evaluation Report.</p>
M23. Provider stability indicators	<p>Percent of providers demonstrating improvement in organizational stability indicators compared to ID and LAH waiver providers</p> <p>A key objective of the CWP is to increase organizational stability for participating providers</p>	Agencies enrolled in the CWP; comparison made to agencies that provide ID and LAH waiver services, but not CWP services	<p>Outcomes</p> <p>Baseline data was reported in the Demonstration Year Two Annual Report. The provider survey will be administered again in calendar year 2025 and included in the Interim Evaluation Report, as well as being conducted at the end of the demonstration evaluation period for inclusion in the Final Evaluation Report.</p>

Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Three)																									
Research Question 5c: To what degree does the CWP result in higher performance by providers on service delivery quality measures as compared to providers operating only in the ID and LAH programs?																												
Hypothesis 5c: The CWP will result in higher performance by providers on service delivery quality measures compared to providers serving only the ID and LAH waivers.																												
M24. Independent accreditation	Percentage of CWP providers who have achieved or maintained accreditation status from a nationally recognized accreditation body compared to ID and LAH waiver providers A key objective of the CWP is to increase the quality of services; this measure assesses agencies who have been independently accredited	Agencies enrolled in the CWP; comparison made to agencies that provide ID and LAH waiver services, but not CWP services	Data for provider accreditation as of November 1, 2024 was collected via survey in November and December 2024. CWP providers, whether as CWP only or CWP/ID/LAH providers, are more likely to be accredited than ID/LAH-only providers. A quarter of providers falling into either CWP provider cohort reported holding an accreditation compared to an eighth (12.5 percent) of ID/LAH-only providers. <table><tr><th>Program</th><th>Respondents</th><th>No Accreditation</th><th>National Accreditation</th><th>% Accredited</th></tr><tr><td>CWP Only</td><td>8</td><td>6</td><td>2</td><td>25.0%</td></tr><tr><td>ID/LAH Only</td><td>32</td><td>28</td><td>4</td><td>12.5%</td></tr><tr><td>Both CWP and ID/LAH</td><td>28</td><td>21</td><td>7</td><td>25.0%</td></tr><tr><td>Total</td><td>68</td><td>55</td><td>13</td><td>19.1%</td></tr></table>	Program	Respondents	No Accreditation	National Accreditation	% Accredited	CWP Only	8	6	2	25.0%	ID/LAH Only	32	28	4	12.5%	Both CWP and ID/LAH	28	21	7	25.0%	Total	68	55	13	19.1%
Program	Respondents	No Accreditation	National Accreditation	% Accredited																								
CWP Only	8	6	2	25.0%																								
ID/LAH Only	32	28	4	12.5%																								
Both CWP and ID/LAH	28	21	7	25.0%																								
Total	68	55	13	19.1%																								
M25. Individual experience	Percentage of individuals enrolled in the CWP who report positive outcomes on certain NCI questions compared to individuals enrolled in the ID and LAH waivers A key objective of the CWP is to increase the quality of services; this measure assesses individuals’ perspectives on service quality	Individuals enrolled in the CWP and surveyed in the NCI; comparison made to individuals enrolled in the ID and LAH waivers and surveyed in the NCI	In data available in year three (reflecting National Core Survey data from demonstration year two due to reporting lag time), the sample size for ID/LAH waiver was 518 participants, and for CWP it was 33 participants. However, data were incomplete for these 33 participants, resulting in data for only about 15-17 participants for some items (related to participating in activities) and much fewer for other items. For items related to participating in activities, It is not possible to make comparisons using the four categories of response (did not participate in the last month, participated 1-2 times, participated 3-4 times, participated 5 or more times) with such a small sample, as the numbers are too unstable. Therefore, responses were collapsed into two categories of response: did not participate or participated one or more times. Results are provided below and illustrate that participation in these activities was similar across CWP and ID/LAH waivers. Percentage of people who report they participated at least once in specific integrated activities in the past month. <table><tr><th></th><th>Shopping</th><th>Errands</th><th>Entertainment</th><th>Coffee Shop/ Restaurant</th><th>Religious Event</th></tr><tr><td>CWP</td><td>92%</td><td>75%</td><td>62%</td><td>92%</td><td>50%</td></tr><tr><td>ID/LAH</td><td>90%</td><td>79%</td><td>71%</td><td>87%</td><td>48%</td></tr></table>		Shopping	Errands	Entertainment	Coffee Shop/ Restaurant	Religious Event	CWP	92%	75%	62%	92%	50%	ID/LAH	90%	79%	71%	87%	48%							
	Shopping	Errands	Entertainment	Coffee Shop/ Restaurant	Religious Event																							
CWP	92%	75%	62%	92%	50%																							
ID/LAH	90%	79%	71%	87%	48%																							

Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Three)
M26. Critical Incidents	<p>Number of critical incidents attributable to CWP providers in relation to total enrolled individuals compared to ID and LAH waiver providers</p> <p>A key objective of the CWP is to increase the quality of services; this measure assesses the number of critical incidents</p>	Providers enrolled in CWP as compared to providers enrolled in only ID and LAH Waivers	<p>This measure is not reported for Year 3 because additional development of the information system infrastructure is required to report the necessary data in a valid and reliable manner.</p> <p>HMA is working with the State on alternate data sources and methodology to support this measure, and plan to report on progress in early CY 2025.</p>

Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Three)															
Research Question 5d: To what degree does the CWP result in higher retention of support coordinators, increased continuity of care and increased levels of satisfaction among individuals and families compared to the ID and LAH waivers?																		
Hypothesis 5d: The CWP will result in lower turnover of support coordinators, increased continuity of care, and higher rates of satisfaction with support coordination compared to the ID and LAH waivers.																		
M27. Turnover rates for support coordinators	<p>The turnover rate for support coordinators in the CWP compared to those in the ID and LAH waivers</p> <p>A key objective of the CWP is to increase the quality of support coordination services; this measure assesses turnover</p>	Support coordinators in the CWP program; comparison made to support coordinators in the ID and LAH waivers	<p>The following table compares the number of support coordinators delivering services in the 1st quarter who continued delivering services in the last quarter of the demonstration year. In year three, support coordinators serving the ID/LAH waivers were 2.8 percentage points lower in turnover rates than CWP support coordinators.</p> <table><tr><td></td><td>ID/LAH Waivers</td><td>CWP</td></tr><tr><td>Unique Support Coordinators in Q1</td><td>576</td><td>24</td></tr><tr><td>Of these, Number Serving in Q4</td><td>544</td><td>22</td></tr><tr><td>Number Turned Over</td><td>32</td><td>2</td></tr><tr><td>Turnover Rate</td><td>5.6%</td><td>8.3%</td></tr></table>		ID/LAH Waivers	CWP	Unique Support Coordinators in Q1	576	24	Of these, Number Serving in Q4	544	22	Number Turned Over	32	2	Turnover Rate	5.6%	8.3%
	ID/LAH Waivers	CWP																
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Number Turned Over	32	2																
Turnover Rate	5.6%	8.3%																
M28. Continuity of support coordinators	<p>Percentage of CWP participants who maintain the same support coordinator during the evaluation year compared to ID and LAH waivers</p> <p>A key objective of the CWP is to increase the quality of support coordination services; this measure assesses consistency of relationships between individuals and support coordinators</p>	Enrollees in the CWP; comparison made to enrollees in the ID and LAH waivers	<p>The following table reports the proportion of waiver participants who retained their support coordinator during the evaluation period. In year three of the demonstration, ID/LAH waiver participants were much more likely to retain the same support coordinator (87.7 percent) compared to CWP participants (66.3 percent).</p> <table><tr><td></td><td>ID/LAH Waivers</td><td>CWP</td></tr><tr><td>Number with Same Support Coordinator</td><td>4,153</td><td>240</td></tr><tr><td>Number with Different Support Coordinator</td><td>583</td><td>122</td></tr><tr><td>Percentage Retaining Same Support Coordinator since 12/31/23</td><td>87.7%</td><td>66.3%</td></tr></table>		ID/LAH Waivers	CWP	Number with Same Support Coordinator	4,153	240	Number with Different Support Coordinator	583	122	Percentage Retaining Same Support Coordinator since 12/31/23	87.7%	66.3%			
	ID/LAH Waivers	CWP																
Number with Same Support Coordinator	4,153	240																
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Percentage Retaining Same Support Coordinator since 12/31/23	87.7%	66.3%																

Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Three)												
M29. Individual satisfaction with support coordination services	<p>Average rate of individuals’ satisfaction with support coordination services compared to satisfaction of individuals in the ID and LAH waivers</p> <p>A key objective of the CWP is to increase the quality of support coordination services; this measure assesses individuals’ satisfaction with support coordination services</p>	Surveying individuals in the CWP; comparison made to surveyed individuals in the ID and LAH waivers	<p>For demonstration year three (DY3), the total number of responses (from participants and parents/guardians) was 749, which is 55% higher than for DY2.</p> <p>For DY3, across all three waiver programs, adult participants reported high levels of satisfaction with support coordination services, with mean scores between 4 and 5 (4=Agree and 5=Strongly Agree) across most survey items. In terms of overall satisfaction, satisfaction was high, and there was very little difference between the three waiver programs.</p> <p>Adult Participants’ Overall Satisfaction with Support Coordination Services</p> <table><tr><th>Waiver</th><th>Mean</th><th>Number of Respondents</th></tr><tr><td>CWP</td><td>4.47</td><td>43</td></tr><tr><td>LAH</td><td>4.64</td><td>79</td></tr><tr><td>ID</td><td>4.68</td><td>344</td></tr></table> <p>There were not enough responses from teens and youth to provide analyses.</p>	Waiver	Mean	Number of Respondents	CWP	4.47	43	LAH	4.64	79	ID	4.68	344
Waiver	Mean	Number of Respondents													
CWP	4.47	43													
LAH	4.64	79													
ID	4.68	344													

M30. Family/guardian satisfaction with support coordination services	Average rate of family/guardian satisfaction with support coordination services compared to satisfaction of families/guardians of individuals in the ID and LAH waivers A key objective of the CWP is to increase the quality of support coordination services; this measure assesses families’/guardians’ satisfaction with support coordination services	Surveying families/guardians in the CWP; comparison made to surveyed families/guardians in the ID and LAH waivers	<p>For demonstration year three (DY3), across all three waiver programs, family members guardians of adult participants reported high levels of satisfaction with support coordination services, with mean scores between 4 and 5 (4=Agree and 5=Strongly Agree) across most survey items.</p> <p>Three exceptions were for the following measures:</p> <ul style="list-style-type: none">“My family member understands what is talked about at our service and support planning meetings” had a mean of 3.91 for CWP.“Our support coordinator helps my family member find different providers to choose from” had a mean of 3.81 for CWP.“Our support coordinator helps my family member with non-waiver supports” which had a mean of 3.77 for CWP. <p>In terms of overall satisfaction, satisfaction was high. However, overall satisfaction with the member’s support coordinator was statistically significantly lower for CWP than for ID/LAH.</p> <p style="text-align: center;">Family Members’/Guardians’ Overall Satisfaction with Support Coordination Services</p> <table><tr><th>Waiver</th><th>Mean</th><th>Number of Respondents</th></tr><tr><td>CWP</td><td>4.19</td><td>43</td></tr><tr><td>LAH</td><td>4.70</td><td>70</td></tr><tr><td>ID</td><td>4.66</td><td>159</td></tr></table> <p>Among parents/guardians of adult participants, there were several measures in which there were statistically significant differences in reported levels of satisfaction. In each instance, satisfaction with CWP was lower than satisfaction with LAH or ID waivers. These included responses to the following measures:</p> <ul style="list-style-type: none">I can reach our support coordinator when I want and need them.My family member can reach their support coordinator when my family member wants and needs them.Our support coordinator is available to work with my family member when my family member needs them.Our support coordinator helps my family member find different providers to choose from.Our support coordinator helps my family member with non-waiver supports (for example - school, vocational rehabilitation services, mental health and medical care). <p>These results seem to indicate lower satisfaction from parents of adult participants. However, because the sample size for CWP respondents was significantly lower than for LAH and ID, it is possible that the results reflect some self-selection/response bias.</p>	Waiver	Mean	Number of Respondents	CWP	4.19	43	LAH	4.70	70	ID	4.66	159
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CWP	4.19	43													
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			<p>Future data efforts will continue to work to gather a larger sample from parents of adult CWP participants.</p> <p>There were not enough responses from family members and guardians of teens and youth to provide analyses.</p>
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