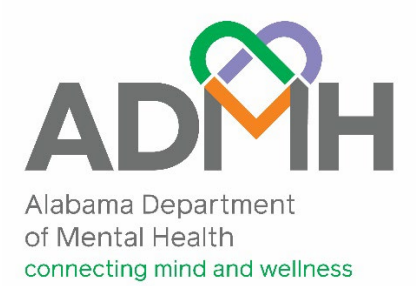

Alabama's Community Waiver Program
1915(c) and 1115(a) Demonstration

Annual Monitoring Report

10/01/2022 – 09/30/2023

Contents

Introduction

On September 30, 2023, the Alabama Department of Mental Health - Division of Developmental Disabilities (ADMH/DDD) completed the second demonstration year of the Community Waiver Program (CWP), available in eleven (11) of Alabama's sixty-seven counties, since November 1, 2021. The CWP was developed to serve individuals with intellectual disabilities (ID) in a way that is specifically geared toward maximizing individual abilities while supporting full participation in community life, including opportunities for integrated employment, while ensuring supports for preserving existing living arrangements to the fullest extent possible. This HCBS program was created through the concurrent operation of an 1115 demonstration and a section 1915(c) home and community-based services (HCBS) waiver. The 11 counties where the CWP operates include counties in all five (5) ADMH/DDD Regions of the State.

Since the launch of the CWP, ADMH/DDD has focused on enrollments into the program and recruitment of sufficient staff at all levels of the program including direct service professionals (DSPs). Additional focus has been on development of the provider network, including the roll out of a new no-cost competency-based online DSP curriculum, a provider start-up grant program, additional no-cost specialized training options for DSPs and a new credentialing process and tool for CWP providers, including providers of support coordination. Overall, the program has been able to celebrate multiple successes while addressing some ongoing challenges including the ramifications of the COVID-19 public health emergency (PHE).

Generally, year two (Y2) challenges that continued from year one (Y1) include: lagging enrollments due to issues other than interest among eligible individuals on the waiting list, ongoing provider network challenges, ADMH/DDD staffing challenges, and an ongoing issue with claims denials.

Throughout the year, the CWP staff, ADMH/DDD leadership, the Alabama Medicaid Agency (AMA), CWP subject matter experts, and CWP consultants worked in partnership to implement and advance the priorities established in the CWP. Some of the highlights in year two include:

- While not achieving the enrollment goal of 500, in year two ADMH/DDD more than doubled the number of year one enrollments to achieve a two-year total of 390 gross enrollments. With disenrollments, total net enrollments at the end of year two was 352. This included reserve capacity enrollments. Lack of updated eligibility documentation, lack of staffing capacity dedicated to enrollments and lack of effective outreach strategy for Group 5 continues to be a challenge for ADMH and the 310 Boards charged with facilitating enrollment into the waivers.
- The CWP continues its focus on enrolling people before they get into a crisis situation to, over time, reduce the number of crisis enrollments that are necessary each year. Individuals enrolled before crisis are also being assisted to preserve their current living arrangement, thus avoiding more restrictive and costly residential placement while keeping families together in a way that supports the needs of both the waiver participant and their family.
- Rates of competitive integrated employment and self-direction remain strong and significantly higher than in the legacy waivers. The CWP has achieved a 10.1% employment rate as compared to the legacy waivers which achieved 2.8% during demonstration year two.[1] CWP participants working in competitive integrated employment, average just under 16 hours per week and average $10.41 hourly wage. Rates of self-direction in demonstration year two increased dramatically to 42.7%, up 14.1% from the participation rate at the end of demonstration year one. The CWP self-direction rate, as confirmed by the HMA evaluation, is 18% higher than the self-direction rate in the ID/LAH waivers.
- Individuals enrolled into the program continued to achieve personal growth and success because of their participation in the CWP. Some of these successes have been featured in each quarterly monitoring report to date and additional successes are included in this report.
- During demonstration year two (Y2), ADMH contracted with HMA/Burns and Associates to conduct a comprehensive rate study that included the CWP, leading to comprehensive updating of reimbursement rates

[1] Among participants, ages 19-64, working at least 8 hours per week; without limiting age range or applying 8 hour minimum, the competitive integrated employment rate in the CWP is 15%.

for the CWP, which had originally been set in 2019, prior to the COVID-19 PHE. These rate increases will be implemented in demonstration year three (Y3), subject to CMS approval of CWP waiver amendments, to assist CWP providers who remain committed to the CWP but have faced unprecedented challenges, during and following the PHE, in recruiting and retaining DSPs to serve CWP participants.

- 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 Columbus Group which coordinates the entire provider readiness initiative. During year two (Y2), it became necessary for ADMH/DDD to transition the curricula to a new learning management platform. This was successfully accomplished through an agreement involving the Tennessee Board of Regents (TBR) which hosts similar types of direct service workforce training in the State of Tennessee. Through rapid and committed collaboration, a relatively smooth transition occurred and customer service to CWP providers and DSPs was reported to improve. TBR is continuing to work with CWP leadership, consultants, and The Columbus Group to make further enhancements to the curricula and the learning platform which is expected to improve the learner experience while maintaining the overall quality of the platform. Additionally, TBR can offer DSP learners an incentive payment for successfully completing the AL-ECF course during year three of the demonstration.
- Despite ongoing challenges with finding qualified applicants for vacancies within the ADMH/DDD CWP staff team, all the ADMH/DDD leadership positions were filled in year two. The program lost the original Provider Network Manager (PNM) in year two but quickly filled this vacancy with a CWP support coordinator wanted to work more with providers. Also, the CWP fully staffed the credentialing team during year two.
- CWP provider credentialing staff continue to work with the Council on Quality Leadership (CQL) on CWP credentialing. This CWP staff team is receiving positive feedback from provider agencies regarding their approach and the providers' experience with the credentialing process. Most of the positive feedback is related to providers feeling the process involves a true "partnership" for quality improvement, as credentialing staff assess performance and identify and arrange necessary technical assistance to assist providers to improve performance and work toward excellence.
- ADMH/DDD fiscal staff continued to work closely with the CWP leadership team and AMA to address ongoing provider claims denials due to billing errors, third party liability (TPL), and coding issues. While fiscal staff continue to assess denials daily, many of the TPL issues were resolved in year two. Further, fiscal staff continue to work closely with provider agencies to address their billing errors. Finally, CWP coding issues that contributed to denied claims were identified in year two and are being resolved. Going forward, ADMH/DDD expects to see a drastic decline in denied claims.
- ADMH/DDD began planning for involving 310 boards serving CWP counties in regions 1, 3, 4 and 5 in the provision of CWP support coordination. Pending CMS approval of the CWP waiver amendments that will be posted for public comment and prior to submitted to CMS during demonstration year three, 310s will begin providing support coordination during the last half of demonstration year three, as all new slots created in the CWP from year three onward will be referred to the 310 boards for support coordination.

The details of these successes and challenges, the State's efforts to date and planned efforts going forward are discussed in this report. Looking forward to year three, the State anticipates being able to make significant progress toward ending the waiting list in the counties served by the CWP. When the CWP opened, the waiting list in these counties accounted for nearly 70% of the statewide waiting list.

STC 41: Operational Updates

Operational Accomplishments

Below are the operational accomplishments ADMH/DDD achieved in the second year of CWP implementation.

Outreach

ADMH/DDD continued to promote the CWP and address enrollment challenges that began in year one. While not achieving the projected 500 enrollments, a gross total of 390 people were enrolled as of September 30, 2023. During the

Y2/Q4 a total of seventy-nine (79) individuals were enrolled. Fifty-four (54) of these individuals were enrolled in the last month of the quarter which is the largest number of enrollments in a single month.

Gross Enrollments: Inception of Demonstration (11/1/21) to End Demonstration Year Two (9/30/23)

Region	Counties	Gr1	Gr2	Gr3	Gr4	Gr5	Totals	Region Total
Region 1	Madison	4	19	40	5	0	68	
	Morgan	0	3	11	0	0	14	
	Limestone	0	4	8	1	0	13	95
Region 2	Tuscaloosa	0	16	44	1	1	62	
	Walker	1	11	17	2	0	31	93
Region 3	Mobile	3	14	24	12	0	53	
	Baldwin	0	12	24	5	0	41	94
Region 4	Montgomery	1	3	22	0	0	26	
	Elmore	0	3	7	0	0	10	
	Houston	0	4	12	0	0	16	52
Region 5	Jefferson	3	5	41	7	0	56	56
	Group Enrollment Cumulative TOTAL:	**12**	**94**	**250**	**33**	**1**	**390**	390

Net enrollments as of the end of demonstration year two, after accounting for disenrollments in the first two years, totaled 352 individuals.

Net Enrollments: Inception of Demonstration (11/1/21) to End Demonstration Year Two (9/30/23)

Total Net Enrollment Count By Region & County		Enrollment Group					
Region	**Service County**	**Group1**	**Group2**	**Group3**	**Group4**	**Group5**	**Grand Total**
Region 1	Madison	5	13	40	1	0	59
	Morgan	0	2	9	1	0	12
	Limestone	0	2	8	2	0	12
Region 1 Total		**5**	**17**	**57**	**4**	**0**	**83**
Region 2	Tuscaloosa	0	11	43	0	0	54
	Walker	4	5	17	4	0	30
Region 2 Total		**4**	**16**	**60**	**4**	0	**84**
Region 3	Mobile	2	10	22	15	0	49
	Baldwin	0	7	23	2	0	32
Region 3 Total		**2**	**17**	**45**	**17**	**0**	**81**
Region 4	Montgomery	0	3	16	3	0	22
	Elmore	0	2	7	1	0	10
	Houston	0	3	12	0	0	15
Region 4 Total		**0**	**8**	**35**	**4**	**0**	**47**
Region 5	Jefferson	1	1	43	12	0	57
Region 5 Total		**1**	**1**	**43**	**12**	**0**	**57**
Grand Total		**12**	**59**	**240**	**41**	0	**352**

To continue to address the outreach and enrollments, the statewide waiting list was reviewed to identify all individuals currently waiting for services in the eleven CWP counties. The list per region and county was shared with each regional office waiting list coordinator and waiver coordinator with a request to continue to conduct ongoing outreach and enrollment based on the enrollment priority categories. Enrollment priority categories include the length of time on the waiting list, desire to preserve natural living arrangement, desire to work, or both preserve the natural living arrangement and the desire to obtain employment. The review of the waiting list and work with the regional office staff are credited for the increase of enrollments in the final month of the quarter. In addition, the CWP support coordinators continue to assist with finalizing the existing approved slots in each of the eleven CWP counties that meet an enrollment priority and have accepted an approved waiver slot.

To continue to expand support coordination capacity within ADMH/DDD to continue new enrollments, the CWP Director is working with the Department's Human Resources Division (DHR) to adopt four new classifications for support coordinators. These new classifications are expected to attract more qualified applicants, as the existing classifications have limited opportunities for professionals new to the field to qualify for hire at an entry level. Specifically, the current entry level position requires both a degree and a minimum of two years' experience. The new proposed classifications include support coordinator trainee (education requirement only), support coordinator, support coordinator senior, and support coordinator manager. These new classifications will allow individuals with required education, but limited experience, to be hired as an entry-level support coordinator and then advance in this career while staying in the CWP, which should enable ADMH/DDD to fill all support coordination positions, including those expected to be added in demonstration year three.

Avoidance of Unnecessary Residential Placements

In Y2/Q4, the Special Review Committee (SRC) continued to review all emergency/crisis referrals to identify the criteria needed for Group 4 enrollment. 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 committee, which is comprised of the director of the CWP, the CWP emergency/crisis referral manager, the director of community services, the CWP fiscal manager, the ADMH director of psychological services or her designee, and the director of nursing or her designee. The SRC reviews all the submitted information that identifies, based on evaluation conducted by the support coordination supervisor, immediate and long-term needs of the emergency/crisis referred individual. Using this information, the SRC renders a decision on Group 4 enrollment, delineating the most appropriate short and long-term situation that will most benefit the individual and meet his/her health and safety needs. For those not approved for Group 4, they are offered services in their age-appropriate enrollment group. For anyone denied by the SRC, the individual, appointed Medicaid representative and legal guardian if applicable, is provided written instructions on the appeal process. Overall, the SRC reviewed a total of seventy-four (74) emergency/crisis referrals for year two.

It is crucial to emphasize the consistent and ongoing demand for emergency waiver enrollment is largely originating from partner service agencies: community hospitals; and the Department of Human Resources (specifically, child and family services). The persistent need for emergency placements voiced by these entities underscores the importance of building an effective partnership for joint response, emphasizing shared responsibility for successful transitions in the case of hospitals, and for braided services in the case of the Department of Human Resources. As the CWP continues to make progress on enrolling individuals from the waiting list who are not yet in crisis, ADMH/DDD expects the number of emergency/crisis referrals will go down; but it is recognized that this will take several years and increased outreach to the general public about the availability of the CWP. Meanwhile, ADMH/DDD maintains its commitment to conducting thorough emergency/crisis referral assessments to ensure the appropriate level of care and services are identified and provided. Further, ADMH/DDD remains dedicated to addressing the requests for emergency assistance from partner agencies which includes working collaboratively with these agencies to meet the emergent and long-term needs of these individuals.

	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
Y2/Q4 TOTAL	**69**	**12**	**44**	**10**	**1**	**0**	**1**	**1**
Region 1	19	6	10	3	0	0	0	0
Region 2	4	0	3	1	0	0	1	1
Region 3	24	3	16	4	0	0	0	0
Region 4	7	1	4	1	1	0	0	0
Region 5	15	2	12	1	0	0	0	0

Employment Outcomes

A priority for ADMH/DDD is the expansion of employment opportunities and the competitive integrated employment participation rate for individuals receiving waiver supports. However, expansion is slow. Historically, Alabama has remained consistently low in competitive employment outcomes for individuals with intellectual disabilities enrolled in the two ADMH/DDD legacy waivers. The second-year end data for the CWP shows 318 participants were eligible for and completed an employment assessment. Of this number, thirty-two (32) are currently employed, which represents a 10.1% employment rate. Of those working, each employee averages just under 16 hours per week and earns an average hourly wage of $10.41. Data from the legacy waivers for the same time period shows an employment rate of 2.8%, indicating the CWP employment rate is nearly four times the rate in the ID/LAH waivers.

With increasing competitive integrated employment being a priority in the CWP, the program uses an enrollment priority category that reflects individuals desiring to find and keep competitive integrated employment.[2] At the end of year two, 87% of enrollees, ages 14-64, expressed a desire to obtain competitive integrated employment. To continue to achieve improved employment outcomes and ensure that CWP support coordinators are having ongoing conversations with participants and families as well as including supports for achieving employment outcomes in person-centered plans, ADMH/DDD employment specialists are now working closely with support coordinators in all regions to provide technical assistance and serve as subject matter experts, while also participating in person-centered planning meetings when invited. The ADMH/DDD employment specialists have a goal to increase the number of CWP participants they engage with directly through person-centered planning meetings.

[2] Enrollment Priority: (1) On waiting list; age 21 and older; goals to preserve current family/independent living situation and goal to obtain/maintain competitive integrated employment if under age 65, (2) On waiting list; age 21 and older; goal to preserve current family/independent living situation, (3) Not on waiting list; age 21 and older; goal to preserve current family/independent living situation and goal to obtain/maintain competitive integrated employment if under age 65, (4) Not on waiting list; age 21 and older; goal to preserve current family/independent living situation, (5) On waiting list; transition age 16-21; goal to obtain/maintain competitive integrated employment at exit from high school, and (6) Not on waiting list; transition age 16-21; goal to preserve current family/independent living situation and goal to obtain/maintain competitive integrated employment at exit from high school.

Collaboration with Alabama Department of Rehabilitation Services - ADRS

ADMH/DDD continues to work collaboratively with the Alabama Department of Rehabilitation Services (ADRS)/Alabama Vocational Rehabilitation (VR). Employment specialists employed with ADMH/DDD serve as liaisons to VR to provide technical assistance when needed. These staff work directly with the CWP director and much of their work is related to the CWP. A tracking form was developed early in year two that tracks the number of referrals that are made to VR each quarter, along with the outcome of the referrals. This form was developed as a tool to assess the success of the referrals and any barriers that might prevent a positive outcome from the referrals. Specifically, the support coordination supervisor in each region submits the quarterly tracking report to the CWP director. This form lists the participants referred to VR during the reporting quarter, the date of the referral, the date the participant met with a VR counselor, whether the support coordinator accompanied the participant to the appointment, and the outcome of the VR referral. This quarterly information is utilized by the CWP director to address, with ADRS/VR leadership, any trends in barriers or concerns identified. In Y2, since Q2 when the tracking form was implemented, the following results were achieved:

- Y2/Q2, there were a total of 10 referrals made to VR.
    - Three obtained employment during the quarter.
    - Three began receiving job development services.
    - Two chose not to pursue employment.
    - Two were in the beginning stages of working with an employment provider agency.
    - There were no complaints or concerns received from CWP staff in Y2/Q2 related to VR.
- Y2/Q3, there were a total of 10 referrals made to VR.
    - Five of the referrals were in the beginning stage of meeting with a VR counselor and working through eligibility.
    - Five of the referrals were choosing their employment service providers.
    - There were no complaints or concerns received from CWP staff in Y2/Q3 related to VR.

ADMH/DDD continues to partner with VR to sponsor a three-day certificate-based, Customized/Supported Employment training in which both VR and ADMH/DDD participate. This training is one way that 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 12- 14, 2023.

Post-Award Public Form

The Post Award Public Forums for year two (Y2) were held on May 3, 2023. 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. Further, the forum addressed the growth of the CWP and the new CWP slots resulting from legacy waiver attrition. The presentation shared how these additional slots will positively impact the goal of reducing and eliminating the state's waiting list. The presentation concluded with CWP participant success stories. Attendees had the opportunity to submit comments via email and through the Webex chat box.

Overall, the feedback from public forum participants was positive. Generally, the public is pleased that the CWP has the potential to eliminate the waiting list in the eleven (11) demonstration counties while also providing services that support people working and living as valuable and involved citizens of their communities, keeping families together, providing services to support transition from school, and an expansion of self-directed service options.

Some concerns expressed during the forum included:

- The need for more affordable housing
- The need for more access to transportation
- Issues with availability of CWP provider DSPs to meet service needs

ADMH/DDD recognizes the challenges that were presented and is dedicating funding to address the ongoing housing crisis in the state for people with disabilities as well as developing a diverse workgroup to identify solutions. ADMH/DDD recognizes the ongoing national workforce shortage that has resulted in a shortage of DSPs. The agency will implement rate increases, subject to CMS approval of waiver amendments, that will allow for increased expenditure caps to accommodate the rate increases. ADMH/DDD anticipates the rate increases will enable service providers to offer more competitive wages and benefits to attract and retain DSPs for the CWP. Further, ADMH/DDD plans to release an RFP early in demonstration year three (3) to recruit additional providers to address service gaps, to establish standby providers for all services in all regions, and to recruit more specialized providers to meet the needs of individuals with significant behavioral support needs who are living with their families. ADMH/DDD is also contracting with national subject matter experts to increase resources for participants, families, and provider agencies to address significant behavioral support needs. A contract with Project Transition (PT) has been finalized and PT will begin establishing a State presence and intervention services in the first quarter of demonstration year three (3). This organization is expected to offer innovative behavioral health supports and services for individuals who have a history of serious mental illness in addition to an intellectual disability and who desire a future that is meaningful, living in the community on the terms they define.

ADMH/DDD will work closely with AMA going forward to ensure the public forum receives better marketing and advertising as some attendees expressed concern that the forum announcement is not reaching everyone that could participate. Also, ADMH/DDD and AMA will reassess the process and timeline for the submission of comments.

Finally, there were a small number of general comments related to CWP services. Specifically, forum participants encouraged CWP staff to present information regarding the waiver and services to participants and families in an understandable manner. ADMH/DDD recognizes this as a need and will continue to educate staff, specifically support coordinators, on ways to ensure participants and families understand the services that can meet their needs and outcomes.

The forums closed with questions related to moving from the waiting list into services and when the CWP might be expanded into other counties of the State. The CWP director provided his direct telephone number for any participant with questions following the forum and stated that no expansion to additional counties is expected during the five-year (5) demonstration period.

Person-Centered Assessment and Planning

At the end of year two (Y2), a total of twenty-four (24) active support coordinators (including supervisors) had successfully completed the required person-centered assessment and planning (PCAP) training, including competency exams. One additional support coordinator was scheduled to complete the PCAP training and competency exam. In addition, ADMH/DDD continued to implement the following steps to ensure high quality PCAP processes that produce high-quality Person-Centered Plans (PCPs):

- Post-training competency exam providing confirmation of the support coordinator's aptitude and knowledge in successfully conducting the PCAP process and developing PCPs
- Utilization of 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 and approved 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 to assure the quality of supervisors' PCPs, or if a PCP is randomly selected for quality review, the director of support coordination or the ADMH support coordination enhancement specialist conducts a second level review

Enrollee Success Stories

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

AL & JQL

The mother (*AL*) of *JQL* is pleased with the services they have received through the CWP, including her experience with her support coordinator. The specific services *AL* has found most helpful for her son include the durable medical equipment and supplies that are delivered directly to their home from the provider. Further, she reports a second provider is a tremendous help in delivering personal assistance as well as breaks and opportunities (planned respite) for the family. The flexibility of this provider has helped *JQL* maintain an excellent quality of life while receiving care at home and in the community, as well as support the family's care for *JQL*. *AL* further elaborated on staff providing personal assistance services which have become integral to *JQL*'s system of supports and the family is comfortable that he is receiving the quality skilled care he needs when the family is not with him. In summary, *AL* stated, "the Community Waiver Program has been a blessing to our family as we deal with day-to-day issues of providing care for our disabled son, we are thankful to have the ability to keep JQL at home with us with help from this program and not having to place him in a distant institution."

PH

PH is a 22-year-old female who was displaced from her family due to their inability to provide her with the quality medical supports needed. PH is diagnosed with two types of seizure disorders and without the proper care was frequently hospitalized due to uncontrolled seizure activity. During her last hospitalization she was placed in a medical induced coma for two weeks. Once her medical condition stabilized, it was determined she would require extensive nursing and medical support that was not available in her home. Therefore, she resided in one local hospital for three months and another local hospital for six months. She was referred to ADMH/DDD for enrollment into the CWP. Following enrollment and through the person-centered planning process, as well as planning meetings with her medical team and hospital staff, it was decided she could return to her community and live in a Community-based Residential program equipped to address exceptional medical needs. Once a provider was identified, *PH*'s medical team met, provided training to the provider, and developed a seizure action plan. As a result, *PH* is now living in the community with a CWP provider that meets her extensive medical needs and advocates for her to receive the most up-to-date neurological procedures and medications to decease the severity and frequency of seizures. While *PH* will always experience seizures, they are more controlled now that she is receiving her medications as prescribed. Through collaboration with community partners, *PH* has avoided the need for institutionalized care. She is living and thriving in her community with future goals of dating and getting a job.

KB

Since *KB* enrolled into the CWP she has experienced tremendous success. At enrollment, she had limited opportunities to fully participate in activities in her community. She had not sought any medical care for more than five (5) years after her mother passed away. Today, *KB* is diligently attending all her medical appointments and actively engaging in her community, venturing out multiple times per week. She has not only forged meaningful connections and friendships but has also discovered new passions and interests through the company of her peers. Inspired by her friends' experiences, she has taken a special interest in pampering herself by getting her hair done—an activity she had never considered. Moreover, witnessing her friends' employment has sparked a newfound interest in finding a job. Her goal for the New Year is to begin the steps to obtain meaningful employment. Thanks to the opportunities the CWP has afforded *KB*, her journey highlights a remarkable transformation, showcasing her growing confidence, expanding her horizons, and a proactive approach to embracing new opportunities.

Services Most Utilized

As of September 30, 2023, the services most requested by CWP participants, across all five regions, were identified as follows, in order of highest demand:

- Community Transportation 37%
- Personal Assistance - Community 30%
- Breaks and Opportunities 23%
- Community Integration Connection and Skills Training 20%

- Independent Living Skills Training 17%
- Personal Assistance Home 17%
- Assistive Technology and Adaptive Aids 15%

This pattern of requested services is aligned with expected utilization in a program focused on keeping families together, supporting community integration and enabling people to maximize independence. These percentages include the participants that are self-directing their services. Currently the most utilized self-directed services include:

- Self-Directed Personal Assistance Community
- Self-Directed Personal Assistance Home
- Self-Directed Community-Transportation
- Self- Directed Breaks and Opportunities Planned Respite

This pattern of requested services is aligned with expected utilization in a program focused on preserving current living arrangements, keeping families together, supporting community integration and enabling people to maximize independence. Use of Community-Based Residential Services reflects the focus on preserving community living arrangements but also the enrollments of emergencies/crisis referrals at a much faster rate than enrollments of people who are not in crisis.

Policy and Administrative Difficulties in Operating the Demonstration

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

ADMH/DDD continued to address staffing challenges throughout the second year. A third CWP credentialing staff member was hired after the position was vacant for more than six (6) months. To improve the ability to recruit applicants, the office base for the position was advertised in two (2) Regions rather than the original Region V location. The support coordinator supervisor in Region I resigned. This employee was one of the original CWP supervisors hired. Filling this vacancy will be a priority in the first quarter of year three (Y3/Q1). With the additional 597 slots added to the CWP to address the waiting list in CWP counties, ADMH/DDD will need to double the current support coordination workforce. New HR classifications are being developed to help with attracting qualified applicants. More details on this are discussed elsewhere in this report. Additional support coordination supervisors will be the first hired, followed by additional support coordinators, as participants continue to be enrolled throughout demonstration year 3.

Enrollment Challenges: Eligibility Documentation and Limited Staff Capacity

Given 173 net enrollments were achieved in year one (Y1), the overall goal for enrollments in year two (Y2) was to increase to 500 net enrollments, filling all slots that were initially established when the program opened. Unfortunately, delays in the pace of enrollments continued, primarily related to individuals, prioritized for enrollment in part based on length of time on the waiting list, often had outdated eligibility information. Delays were further exacerbated by staffing challenges among both 310 Boards serving CWP counties and ADMH/DDD staff who were pulled into other urgent work (e.g., audits; HCBS settings rule compliance monitoring). CWP support coordinators continued assisting with obtaining updated eligibility documentation for individuals to enroll. As a result, individuals on the waiting list for as long as ten to fifteen years were able to enroll with updated eligibility; however, the overall delays in enrollment resulted in 200 net enrollments in demonstration year two (2).

Yr. 2 Gross Enrollment Count By Region & County		**Enrollment Group**				
Region	**Service County**	**Group1**	**Group2**	**Group3**	**Group4**	**Grand Total**
Region 1	Madison	4	8	22	1	35
	Morgan	0	1	3	1	5
	Limestone	0	2	2	1	5
Region 1 Total		**4**	**11**	**27**	**3**	**45**
Region 2	Tuscaloosa	0	8	23	0	31

	Walker	4	3	6	1	14
Region 2 Total		**4**	**11**	**29**	**1**	**45**
Region 3	Mobile	2	5	9	12	28
	Baldwin	0	3	15	2	20
Region 3 Total		**2**	**8**	**24**	**14**	**48**
Region 4	Montgomery	0	2	4	1	7
	Elmore	0	2	4	1	7
	Houston	0	1	6	0	7
Region 4 Total		**0**	**5**	**14**	**2**	**21**
Region 5	Jefferson	1	1	28	11	41
Region 5 Total		**1**	**1**	**28**	**11**	**41**
Grand Total		**11**	**36**	**122**	**31**	**200**

While the CWP failed to achieve the net enrollment goal of 500 by September 30, 2023, a significant increase in enrollments occurred during year two quarter four (Y2/Q4). The momentum that began in the final quarter is expected to continue in year three (Y3). However, an adequate provider network and support coordination staff will be necessary to achieve the ambitious goal of 1,097 enrolled by September 30, 2024.

Enrollment Challenges: 1115 Demonstration Group (Group 5)

During year two (Y2), one individual enrolled into Group 5. Unfortunately, the enrollee elected to disenroll shortly after enrollment. The enrollee was able to increase her natural supports and relationships and no longer needed paid supports. ADMH/DDD recognizes better education and promotion of the Group 5 is needed. As Support Coordination transitions to 310 agencies in early 2024, Group 5 eligibility will be included in the 310 training. Because 310s do intake, this is expected to assist with ensuring increased outreach and education. Additionally, to increase ADMH/DDD's ability to identify eligible individuals who would benefit from the program, the State is proposing to change, through an amendment done in year three (Y3), the minimum age for Group 5, starting at age 18 rather than 22 in order to better engage Alabama's high schools, given that many individuals who would be eligible for Group 5 leave high school at age 18. Additionally, the ADMH Call Center will be re-educated on Group 5 to ensure they are flagging individuals who could be eligible. Lastly, other key stakeholder organizations that typically provide information, assistance, and advocacy for individuals with ID and their families will receive outreach from ADMH/DDD to educate them on Group 5 and to provide them with electronic and printed handouts that can be distributed by these organizations.

Provider Claims Approvals and Timely Provider Payments for Services Rendered

In demonstration year two, there were ongoing challenges with denials of claims from CWP provider agencies. Early on, many of these denials were a result of third-party liability (TPL) edits in Medicaid's claims system. TPLs are additional insurances that must be billed first for, or determined not to cover, services billed to Medicaid. Medicaid is the payer of last resort. When an individual has a TPL guarantor, the system flags the case for provider edits and rejects the billing. Fortunately, ADMH/DDD and AMA were able to resolve these ongoing issues through exemptions for services that should not have been subject to TPL edits. These exemptions have substantially decreased the number of denied claims as compared to demonstration year one (Y1). Year two (Y2) denials were primarily due to provider billing issues. Often, these errors were a result of providers overbilling for a service, or exceeding unit caps on a given service day. Denied claims outside provider agency control were often attributed to coding issues that have either been resolved or are currently being addressed for resolution.

Appropriate Program Capacity and Expertise to Respond to Verified Emergency Referrals

In the second demonstration year, there was an increase in emergency referrals that were confirmed as emergencies, for which ADMH/DDD and the CWP lacked appropriate capacity, and in some cases expertise, to respond timely and effectively. It is worth noting this was also an issue for the ADMH/DDD legacy waivers during the demonstration year period as the ongoing impact of the COVID-19 PHE continued to restrict DSP availability which in turn caused providers to be unable to accept referrals. In addition to the challenge of the workforce shortage, more effective technical

resources are also needed to address crisis cases. While the ADMH Comprehensive Support Service (CSS) Team assisted with some of the cases, the capacity that ADMH has currently is not sufficient nor is it structured in a way that meets the totality of the needs of individuals with behavioral and mental health challenges.

Near the end of demonstration year one (Y1), ADMH/DDD reached out to representatives from Project Transition (PT), an experienced multi-state provider specializing in serving individuals with dual diagnosis in the least restrictive community setting possible and specializing in facilitating successful transitions out of in-patient and other highly restrictive settings. Primarily, PT works exclusively with adults (including young adults approaching their 18th birthday) who struggle with serious mental illness, co-occurring substance use disorder, and/or a Dual Diagnosis of I/DD and Behavioral Health challenges. PT was founded on the fundamental belief that these individuals can and will thrive in the community if properly and energetically supported. All psychiatric rehabilitation services are delivered by coordinated teams of mental health treatment, substance use disorder, and I/DD professionals. Even though some initial planning occurred, a finalized contract with scope of work was not completed in time to initiate PT assistance in year two (Y2). However, going into year three (Y3), the PT contract is fully executed, and work will begin in Region V, including CWP counties in this region, with plans to expand statewide over time.

In addition to making more subject matter experts available to support individuals in crisis referred for CWP services and their CWP providers, ADMH/DDD began developing additional Memorandums of Agreement (MOAs) with service provider agencies to specifically deliver crisis residential support to individuals not ready for waiver-supported community living in either intensive Supported Living, Adult Family Home, or a Community-Based Residential setting. The agencies selected to provide the crisis stabilization services are expected to operate these services as a time limited intervention with a goal of stabilizing individuals, leading to waiver enrollment and the ability to return to live in their home communities in the least restrictive living arrangement that can meet their needs. Initially, two agencies have been contracted to deliver this short-term crisis stabilization service, and others may be added based on the demand for the service.

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

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

Support Coordination Capacity

The CWP has experienced ongoing support coordinator vacancies that have prevented ADMH/DDD from maintaining full support coordination staffing levels since its launch in November 2021. ADMH/DDD recognizes this is not unique to the agency, as employers in Alabama and across the nation are experiencing similar challenges. To address these staffing challenges, ADMH/DDD is taking the following steps:

1. **Developing a Dedicated "Support Coordination" Classification:** The CWP director is actively collaborating with the department's HR office to create a specialized "support coordination classification." Currently, support coordinators are hired using existing ADMH personnel classifications that were primarily designed for administrative roles, not direct services. These classifications come with specific education and experience requirements that limit the pool of eligible applicants. By developing a dedicated classification, the department aims to attract a broader range of qualified candidates. The HR office will release the proposed classifications in Y3/Q1 for review and approval before moving on to the State of Alabama Personnel Agency for final approval, which is estimated for completion in Y3/Q2. The new classification is intended to offer a track that allows for an entry-level position with no experience up to a support coordinator manager/supervisor position that will require both education and extensive experience. This approach should enable individuals interested in this field an opportunity to begin a career track, after receiving their degree, that will offer multiple opportunities for advancement.
2. **Considering More Flexibility for Support Coordination Staff.** The agency's leadership is exploring the flexibility offered through other state agencies to determine if other agencies are offering flexibility that might be an incentive to attract more applicants to ADMH.

Finalizing the new proposed HR classifications as well as adopting other flexibility options is important since ADMH/DDD has an immediate need, not only to fill existing vacancies, but also to begin hiring additional staff to provide support coordination for the additional 597 slots created in year two (Y2). At least one additional supervisor will be necessary in the four regions where ADMH/DDD will continue to provide support coordination, and additional support coordinators will also be needed to provide Support Coordination services as enrollment continues. The additional supervisors will be hired first so they can complete required training and then be involved in the hiring of the additional support coordinators.

Currently, the total number of ADMH/DDD CWP support coordinators across the four (4) regions is 24, with five (5) vacancies. The Region II 310 support coordination agencies have eight (8) staff.

Region	Current Staff Total (Incl. Supervisors)	Resignations	New Hires	Remaining Vacancies	Full Staff Cadre
1	3	1	1	1	4
2	8	1	1	0	8
3	3	0	0	3	6
4	3	0	1	0	3
5	6	0	1	0	6

These staffing updates provide a snapshot of the current workforce within each Region. ADMH/DDD's commitment is to strengthen its recruitment efforts and fill the vacant support coordinator positions as well as actively work to fill five (5) additional CWP support coordinator supervisor positions at the beginning of demonstration year three (Y3).

Additional growth in the CWP, beyond the 1,097 total slots available as of the end of demonstration year two (Y2), will receive Support Coordination services from 310 agencies in all CWP counties. ADMH/DDD leadership met with the 310 agencies in all CWP counties at the end of Y2/Q4. These agencies will begin providing Support Coordination for CWP participants filling slots created from demonstration year three (Y3) onward. Additionally, as attrition occurs in the original 1,097 slots created in the first two (2) years of the demonstration, those enrolled into these vacated slots will receive support coordination from the 310 agencies. ADMH/DDD support coordinators will continue to serve the original 1,097, but as attrition occurs, these staff will be transitioned within ADMH/DDD to support coordination oversight and technical assistance roles, working with 310s to ensure the highest quality of support coordination in the CWP.

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, for the third consecutive year, the American Network of Community Options and Resources (ANCOR) has measured the impact of the direct service workforce crisis on community providers and their ability to provide high quality community-based services for people with intellectual and developmental disabilities (I/DD). While ANCOR acknowledged that the workforce challenge was present before the COVID-19 PHE, data from the "*2022 State of America's Direct Support Workforce Crisis*" confirms these problems have not only been amplified by the pandemic but are also at the root of service and program closures, service launch delays, and provider struggles to adhere to quality standards. The 2022 national survey results were as follows:

- **83% of Providers are Turning Away New Referrals** FACT: More than 8 in 10 respondents indicated that they had turned away or stopped accepting new referrals due to insufficient staffing. This represents a 25.8% increase since the beginning of the pandemic. IMPACT: The limited number of available providers has left individuals with significant or complex support needs traveling long distances outside of their communities—assuming they are able to find a provider at all— thereby heightening their risk of institutionalization or unnecessary hospitalization.
- **63% of Providers are Discontinuing Programs and Services** FACT: More than 6 in 10 respondents indicated that they had discontinued programs or service offerings due to insufficient staffing. This represents a staggering

85.3% increase since the beginning of the pandemic. IMPACT: With programs and services closing at an accelerating rate, the ability of states to maintain an adequate network of community providers and meet federal access standards is at grave risk. Reduced availability of services jeopardizes the safety and well-being of the people relying on them.

- **55% of Providers are Considering Additional Service Discontinuations** FACT: More than half of all respondents indicated that they were considering new and additional discontinuations of programs and service offerings due to the current rate of high turnover and vacancy. Another 37% indicated they were not sure if they would need to close additional services, with only 8% responding they would not. IMPACT: With the infrastructure of services deteriorating as the dearth of adequate staffing grows, there are nearly 700,000 people languishing on states' HCBS waiting lists. Without providers available to deliver supports, families will remain unable to access services, even after they are removed from the waiting list.
- **92% of Providers are Struggling to Achieve Quality Standards** FACT: A staggering 92% of respondents indicated that they had experienced difficulties in achieving quality standards due to insufficient staffing. This represents a 33.3% increase since the beginning of the pandemic and a 13.6% increase in the last year alone. IMPACT: When too few workers apply for jobs, providers are reliant on emergency regulatory flexibilities to maintain minimum staffing requirements. When emergency orders are lifted, providers are left unable to comply with staffing requirements, in turn forcing immediate discharge of people who were once supported and, in the worst cases, complete and permanent agency closures.
- **71% of Case Managers are struggling to find available providers** FACT: More than four in 10 respondents (42%) reported that they offer case management services in addition to long-term services and supports. Of those respondents, 71% indicated that it is difficult to connect families with services due to lack of available providers. IMPACT: Case managers work with people with I/DD to coordinate services to meet their needs. Due to their role finding and managing availability of services, case managers are often in a unique position to assess accessibility of the provider network—suggesting there are now fewer services to be offered than before.
- **66% of Providers are Concerned Vacancy and Turnover Rates Will Increase with the End of the Public Health Emergency** FACT: Sixty-six percent of respondents reported being concerned that vacancy and turnover rates will increase when COVID-19 relief funding and regulatory flexibilities related to the COVID-19 public health emergency are terminated. IMPACT: Providers remain reliant on the availability of increased funding and emergency regulatory flexibilities pursuant to the public health emergency to maintain basic operations with reduced staffing. Almost every state included initiatives aimed at stabilizing the direct support workforce in their implementation of enhanced home and community-based services funding provided by the American Rescue Plan Act (ARPA). However, providers will face a devastating fiscal cliff when that temporary funding expires.[3]

The results of the ANCOR study corroborate the feedback ADMH/DDD received from CWP providers during year two. ADMH/DDD continued to provide additional financial support to providers in year two to address their difficulties in recruiting and retaining employees through a 30% rate enhancement for services provided.

Throughout year two (Y2), continuous monitoring was in place to assess provider capacity. After an RFP process was conducted that did not fill all gaps, efforts were initiated to directly recruit providers to meet immediate and urgent needs as they arose for CWP participants until a new RFP process could be conducted with increased reimbursement rates deemed essential for ensuring a better response to the RFP process. During year two (Y2), the provider network was increased by fourteen providers that each met the minimum preferred provider qualification (PPQ) score, to meet immediate and urgent needs. This brought the overall total number of CWP providers to fifty-one.

As reported by the CWP provider network, the shortage of DSPs was the primary reason that many provider agencies limited their acceptance of new referrals and ability to initiate service delivery throughout this year. While the program was successful in meeting minimum provider network requirements by region, as specified in the CWP approval, contracted providers were not always able to accept referrals for services due to their DSP shortages. More information on provider referral acceptance and timely service initiation can be found in the STC 30 section of this report. To address these challenges moving forward, the next RFP, including proposed rate increases,[4] is expected to be released in Y3/Q2

[3] https://www.ancor.org/wp-content/uploads/2022/10/The-State-of-Americas-Direct-Support-Workforce-Crisis-2022.pdf

[4] Subject to CMS approval of waiver amendments increasing expenditure caps for the five enrollment groups to accommodate these rate increases.

to add additional providers to address all remaining service gaps and ensure standby providers for all services in all regions. The pending rate increases are informed by a rate study conducted by HMA/Burns and Associates during year two. The results of this study, which included updated methodologies for setting rates, were used to finalize new methodologies and rates for both the CWP and the legacy waivers. ADMH/DDD is working with AMA and CMS to ensure these rates can be implemented retroactively to 10/1/2023 (the start date of CWP demonstration year 3). For the CWP, increased rates will also require an increase in the expenditure cap for each enrollment group, which requires a waiver amendment that will be posted for public comment and submitted to CMS in Y3/Q2. The ability to establish permanent rate increases for services, which is expected to lead to increased wages for DSPs, and other adjustments to reflect increased provider costs, is anticipated to improve the availability of providers and self-direction workers to meet CWP participant service needs.

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. Unfortunately, the original provider network manager (PNM) resigned in early FY23 which disrupted the work of this position. Two (2) existing CWP employees stepped in to manage the network as well as oversee the CWP training curriculums until a permanent replacement could be hired. The position was vacant until the third quarter of year two when a new PNM was hired. Since this hire, the provider meetings have resumed as well as the distribution of "Provider Notes" newsletters with regular updates for providers in the CWP network.

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

Ensuring Fully Trained Direct Support Professional Workforce for the CWP

Throughout year two (Y2), 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.[5]
- Provided, free-of-charge for providers, third-party Success Coaches when providers did not have internal staff available to act in this role.

During year two (Y2), the program, with the assistance of existing training contractor The Columbus Group, successfully transitioned the competency-based DSP course to the Tennessee Board of Regents (TBR), which develops and maintains similar courses offered in other states. This transition was necessary due to the loss of the original contractor. However, the transition has been very positive. The original course content transferred to the TBR learning platform, TBR success coaches were added, the DSP enrollment process was improved, and initial changes to improve the course's accessibility to learners were implemented. TBR will continue to work with CWP leadership, consultants, and providers to further improve the accessibility of the course and determine what other enhancements can be made to improve the learner experience. Specifically, enhancements and changes expected in the AL-ECF course in year three (Y3) include:

- Consolidating the orientation module for learners.

[5] See https://www.watermarkinsights.com/resources/blog/the-outcomes-of-success-coaching retrieved 11/23/22.

- Assessment of training to ensure user friendliness with easier comprehension, without the loss of content. U.S. literacy statistics from the Literacy Project Foundation suggest that the average American is considered to have a readability level equivalent to a 7th/8th grader (12 to 14 years old). This level is actively used as a benchmark for written guidelines in the medical industry. (https://literacyproj.org/). TBR will do a review to ensure all the course content is at or below this grade level.
- "Read Speaker" will become an option in the course to accommodate learners that require this accommodation.
- Four (4) Success Coaches will continue to be available through TBR to maintain a higher level of customer service experience.
- TBR also secured grant funding that will be offered to DSPs in demonstration year three (Y3) as training scholarships paid directly to the DSP after course completion within the required 90-day timeframe. DSPs will need to meet certain eligibility criteria due to the source of the funding; but most AL-ECF DSPs are expected to be eligible. The funding is from the Health Resources and Services Administration (HRSA) to further enhance the training for DSPs, particularly in medically underserved areas.

The goal in improving course content is not to change or omit existing content but instead to change the delivery of the content to enhance the learner's experience, retention of the content, and most importantly the learner's ability to apply the content in their work. The changes are expected to increase completion rates and decrease the average time to complete the training, as well as DSPs use of the content in their work.

As of September 30, 2023, TBR was supporting 215 DSP learners, all of whom are assigned to one of the four TBR success coaches. These success coaches are also working on additional outreach for the following issues: engaging those who are enrolled but have not logged in to the course yet; engaging those who are close to finishing the course but have not finished; and engaging those who have not logged in for more than two weeks. Learners enrolled for the first time during Y2/Q4 totaled 70 and for all of Y2, a total of 226 were newly enrolled.

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

During demonstration year two (Y2), the credentialing specialists with the CWP worked on updates to the Credentialing Operational Guidelines to fully address HCBS compliance and include a new remediation plan process. The updated Operational Guidelines were provided to AMA during Y2/Q4. Credentialing staff continue to work with CQL and CWP leadership to facilitate best practices among CWP providers.

During demonstration year two (Y2), meetings were conducted with providers in all five (5) ADMH/DDD regions. These initial meetings introduced the credentialing team to the agencies and explained the CWP credentialing process. Further discussions addressed future meetings that would be held with agency staff and waiver participants to gather the information needed for credentialing. Agencies were given access to their private Microsoft Teams channel so they could review information that was collected, and upload requested documentation utilizing the approved CQL Credentialing workbooks. The visit workbooks included summaries of the targeted conversations with individuals receiving CWP services and the staff employed by the agency.

During demonstration year two (Y2), multiple targeted conversation and focused group meetings/interviews were conducted with provider agencies. These included: Arc of Madison County (Region I), Physicians Home Health Superstore (Region I), Tri County Aid (Region II), UCP of West Al (Region II), Tuscaloosa Supply Company (Region II), Ability Alliance of West Al (Region II), Arc of Central Alabama (Region V), Arc of Walker County (Region V), Arc of Tuscaloosa (Region II), Scott Residential (Region III), First Light Community of Mobile (Region III), Independent Living Center (Region III), Taylor's House of Camellias (Region III), LifeCare Services (Region III) , Saad Enterprises, Inc. (Region III), Rainbow 66 Storehouse (Region IV), HealthCare Connection (IV), Community Options (Region V), Glenwood (Region V), United Ability (Region V), ADMH SC (Region I, III, IV, & V), Night Owl Support Systems (All Regions), Statewide Healthcare dba Help @ Home (All Regions), Mentor Healthcare (All Regions), Volunteers of America Southeast (All Regions), Professional Medical Fulfillment (All Regions), and SafeinHome (All Regions).

After the initial meeting, agencies were responsible for uploading documentation to support performance indicators. Credentialing staff reviewed all uploaded documentation for each indicator to determine sufficiency to support the

indicator. Credentialing staff and providers also participated in documentation review meetings utilizing the workbooks to create plans of alignment (for compliance issues) and plans of excellence (for quality improvement goals) for the identified performance indicators. Credentialing staff provided any needed technical assistance to providers to ensure progression with the Credentialing process and quality service provision.

Provider credentialing performance measure data related to waiver assurances was reviewed with the director of quality assurance, AMA, and the credentialing team during demonstration year two (Y2). Adjustments to workbooks and processes were recommended to ensure the required performance measure data is being captured during Credentialing. CQL completed surveys with providers and ADMH credentialing staff to obtain feedback on the Credentialing process. Review of feedback will be done in October 2023. A meeting was set between CQL and ADMH for November 2023 to review recommended changes to the CWP credentialing process and make adjustments determined to be necessary. Once changes have been finalized with the process, an updated Credentialing Guide will be provided to AMA and after approval by AMA, to the CWP provider network.

During demonstration year two (Y2), the CWP Participant Satisfaction Survey was updated to ensure the score adequately captured the satisfaction of the person responding and an updated copy was provided to the director of quality assurance and AMA. In Y2, 30 CWP surveys were conducted as part of credentialing. The director of quality assurance also provided a link created using Zoho for inputting survey responses starting in demonstration year three.

Providers continue to report they enjoy the collaboration and transparency with the credentialing process. Bi-weekly meetings with CQL were conducted to review and discuss the credentialing process for any barriers, successes, or recommendations. The credentialing staff participate in weekly check-in meetings with CWP leadership to review any updates with the CWP and discuss ongoing credentialing.

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. As of Y2/Q3, there continue to be reliability and validity issues with the incident data currently in Therap. 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 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 three (Y3) of the demonstration.

There were no incidents reported in the CWP for Y2/Q4. As discussed in the last QMR, 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 therefore put a process in place to analyze the incident data input in Y2/Q3 to ensure all incidents are being properly attributed to the correct waivers. This is done by reviewing a manual tracker kept by the regional incident managers that includes a column for what waiver the person identified in the incident receives services under. Based on the manual tracker, at the end of year two (Y2), only one (1) critical incident was reported during the year for CWP participants.

Administrative Code

In Y2/Q3, Administrative Code §580-5-30-.16 was certified and officially published on June 2, 2023. This section addresses the procedures and due process associated with the new Alabama Department of Human Services' abuse registry created due to the enactment of Shirley's Law. ADMH/DDD will submit the names of people where allegations of abuse, neglect, mistreatment, and/or exploitation are substantiated as defined in the code. Before submission of their name for inclusion on the registry, the "suspected person" will be provided notice by ADMH and entitled to an appeal process. If they choose not to appeal, their name will be submitted for inclusion on the registry. Otherwise, submission for inclusion will be based on the results of the appeal process. Providers will be required to check the registry for potential employees upon hire and annually thereafter. The internal process for submitting names to the registry and ensuring due process were developed in Y2/Q4 in the IPMS Manual. Additional guidance will be developed in the form of Operational Guidelines for providers in year three (Y3).

Establishment of Annual CWP All-Staff In-Person Meeting

A statewide CWP meeting brought together CWP staff to discuss first year challenges and successes, and to identify technical assistance and training needs going forward during Y2/Q3. This meeting is held annually, and year three's meeting will occur in Y3/Q2 or Y3/Q3.

Identified Beneficiary Issues and Complaints

There were no complaints/issues reported for this reporting period.

Lawsuits and or Legal Actions

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

Legislative Updates

As Alabama's 2023 Regular Session concluded June 6, 2023, the following bills related to I/DD became law and went into effect:

- **Act 2023-366, Wood-R,** prohibits discrimination against individuals with a disability when receiving an anatomical gift or organ transplant based on his or her disability. This act was signed by the Governor June 1, 2023, and it became effective September 1, 2023.
- **Act 2023-112, Ellis-R,** authorizes disability insurers to offer paid family leave benefit policies. This act was signed by the Governor May 4, 2023, and it became effective in August 1, 2023.
- **Act 2023-134, Orr-R,** "The Colby Act," which provides for supported decision-making agreements as an alternative to guardianship or conservatorship. This act was signed by the Governor May 5, 2023, and it became effective August 1, 2023.
- **Act 2023-527, Orr-R,** Requires the installment of video cameras in certain classrooms providing special education services. This act was signed by the Governor on June 14, 2023, and it became effective September 1, 2023.

Unusual and Unanticipated Trends

There were no unusual or unanticipated trends during the second 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.

	Total Targeted Net Enrollments Statewide	% of Targeted Net Enrollments for Year 2	Program Inception to Date Net Enrollment Goal
Y2/Q1	81	25%	254
Y2/Q2	82	25%	336
Y2/Q3	81	25%	417
Y2/Q4	83	25%	500

Data for the Quarterly Reporting Period (Y2/Q4):

Total Net Enrollments for the Reporting Period	Total Targeted Net Enrollments	Performance
79	**83**	**95%**

Data for the Demonstration Year (Y2):

Total Net Enrollments for the Reporting Period	Total Targeted Net Enrollments	Performance
177	**327**	**54%**

Data for the Demonstration Since Inception:

Total Net Enrollments for the Reporting Period	Total Targeted Net Enrollments for Y2	Performance
352	**500**	**70%**

Data Discussion:
Actual enrollments into the CWP did not keep pace to achieve the targeted number of 500 net enrollments by the end of demonstration year two. However, the State did achieve 70% of the targeted number of net enrollments. As noted in the discussion of challenges in a prior section of this report, the primary reason for this was lack of staffing capacity and the

absence of up-to-date eligibility documentation, which is the responsibility of 310 Boards throughout the state. Early outreach efforts were very successful with individuals on the waiting list identified for most all the non-reserve capacity slots. The challenge remains getting people successfully enrolled. Given issues with support coordinator vacancies and recruitment challenges for these positions, the CWP leadership team is concerned that enrollments into the CWP will need to be intentionally slowed in certain regions due to lack of Support Coordination capacity.

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.

Data for the Year Two 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
154	**188**	**82%**

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
298	**342**	**87%**

Data Discussion:

During the second demonstration year, 82% 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, 87% of working-age enrollees expressed interest in obtaining and maintaining competitive integrated employment. These high percentages of enrollees that identified a goal to obtain and/or maintain competitive integrated employment, with supports from the CWP, sets in place the strong likelihood that the CWP will achieve competitive integrated employment rates above the estimated national average.

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 reportingPerformance period	
322	**352**	**91.4%**

Data Discussion:
Through the second 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 second demonstration year, 91.4% of CWP enrollees were being supported to sustain family/natural living arrangements or live independently. [6]

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.

[6] Includes individuals, age 18+, able to live in a home or apartment, that is not provider owned or controlled, with Non-Intensive Supported Living Services and/or Remote Supports.

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 Year Two 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
76	**178**	**42.7%**

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 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
118	**252**	**47%**

Data Discussion:
In demonstration year two (Y2), the impact of the range of services that can be self-directed combined with provider agencies facing a shortage of available direct support workers continued to sharply drive-up self-direction participation rates with an increase of 14.1% above the year one (Y1) percentage. CWP participants are using self-direction and CWP support coordinators will receive training on self-direction, so they are optimally prepared to explain and facilitate self-direction. Applied Self Direction (ASD) is developing a set of tools as a resource for people and their families and support coordinators will utilize these tools in training. This work is scheduled for completion in Y3/Q2. ADMH/DDD has also increased its engagement with contracted FMSAs to ensure their readiness to serve CWP participants choosing to self-direct. The 47% rate of participation in self-direction in the CWP since inception is substantially higher than the 21.9% rate of participation in self-direction in the ID/LAH waivers. *Note: The **participation** rate in self-direction quoted above differs from the **utilization** rate for self-direction quoted in the HMA evaluation because the above participation rate is based on the number of CWP participants who had **an authorization** during Y2 for at least one service in their person-centered plan that can be self-directed, while the HMA utilization rate is based on CWP participants who had **a paid claim** during Y2 for*

at least one service in their person-centered plan that can be self-directed. The difference between authorizations and paid claims can be explained by three factors: (1) the fact that many CWP participants are newly enrolled and just beginning self-direction; (2) known delay issues with FMSA enrollment of participants in self-direction; (3) time it takes, after enrollment with an FMSA, to complete the hiring process for a self-direction worker so they can begin delivering services. ADMH/DDD is implementing steps to eliminate delays with FMSA enrollments.

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.

Data for Year Two 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
2	200	1%

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	390	2%

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 only two enrollments into the CWP during the demonstration year two who did not already have Medicaid eligibility through another source. Since inception the total is eight, which represent the total number of enrollments that needed 204/205 and 376 forms to enroll.

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 Two 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
21	**30**	**70%**

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
21	**30**	**70%**

Data Discussion:
The CWP Participant Satisfaction Survey was implemented as part of provider re-credentialing visits in year two of the demonstration. This re-credentialing process commences within six (6) months after a provider begins to deliver services to at least one individual referred through the CWP and includes a series of visits throughout the year focused on different topical areas for recredentialing. During the first three quarters of year two (Y2), one version of the survey was used that proved difficult to adequately capture satisfaction, and numbers were lower as of Y2/Q3 at 65%. Upon manual entry and analysis of the results, the various follow-up questions, many of which were N/A and discounted from the calculations, led to variations/contradictions in the responses received. Additionally, because there were a low number of surveys administered, a few people who indicated very low satisfaction for various reasons lowered the overall score for the measure. In the last quarter of year two a new survey was used that simplified the process and scoring. The number of questions was lowered to indicate a general level of satisfaction of the types of services and supports they were receiving.

Of the 10 surveys administered, 80% indicated satisfaction. Moving into year three, the survey will be captured electronically using Zoho and analytics will be provided to identify any patterns and trends for improvement activities.

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 Two 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	352	0%

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	352	<1%

Data Discussion:
There was a total of one (1) grievance during the first demonstration year and none during the second demonstration year. 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, 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

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**
322	**352**	**91.4%**

Data Discussion:
Of the 352 CWP participants as of the last day of the demonstration year who had a signed PCP including services in addition to Support Coordination, only 30 were receiving a CWP-funded service in a setting that is provider owned or controlled residential setting.

STC 41: Budget Neutrality and Financial Reporting Requirements

At the end of year two of fiscal year 2023, there are no 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 process[7]; (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.

Strategic steps identified at the end of demonstration Y1 were taken in Y2 to attempt to ensure ADMH/DDD could secure the necessary providers for all services in the CWP, including stand-by providers:

For Breaks and Opportunities (Unplanned/Emergency), Project Transition (discussed previously in this report) was successfully contracted during demonstration year two (Y2) to begin offering services in two regions to address these needs for individuals with behavioral/mental health challenges. Additionally, Project Transition is contracted to mentor existing ADMH/DDD waiver providers who are establishing short-term, crisis stabilization settings that can address urgent needs and allow individuals to be stabilized so they can return to their prior living arrangement or transition into an appropriate and least restrictive residential situation (e.g. Supported Living; Adult Family Home; Community-Based Residential Services). The goal remains to achieve full statewide capacity; but one key to doing this will be ensuring these services result in stabilization and transition rather than permanent placement in these settings.

For Positive Behavior Supports, Project Transition was successfully contracted during demonstration year two (Y2) to begin offering their own model for this service in two regions. Additionally, they are being contracted to mentor existing CWP providers who are contracted for the Positive Behavior Supports service or who otherwise have qualified personnel to deliver this service on their existing staff. Finally, ADMH/DDD explored bringing the START model (University of New Hampshire) to the Alabama CWP program to focus this model on providing supports for families and natural supports to successfully learn and utilize Positive Behavior Support strategies with CWP participants who are living with them, in order to proactively prevent crisis and temporary or permanent out of home placement. However, the Division opted to engage Project Transition and have this support for families and natural supports provided through the Project Transition "SOS" service model.

For therapies, in demonstration year two (Y2), ADMH/DDD allowed existing contracted CWP providers in Region 5, with staff qualified to deliver all three therapies, to extend access to these services to the other four regions by subcontracting with qualified therapists located in other regions. Additionally, subcontracting by any willing and qualified CWP provider will be proposed in the CWP waiver amendment planned for demonstration year three (Y3).

The issue with lack of Remote Supports providers in Regions 3 and 4 was resolved during demonstration year two (Y2) through additional training of support coordinators to ensure CWP participants needing this service have the opportunity to meet each of the available providers. For Remote Supports-Back Up Contractor shortage, ADMH/DDD concluded the lack of provider capacity to accept new referrals related to provider misunderstanding of the reimbursement methodology. During demonstration year two, ADMH/DDD did additional training with providers contracted for this service to ensure the methodology and appropriateness of the rate is understood by these providers. Additionally, the rate for this service is expected to be increased based on 2022 rate study and CWP waiver amendments implementing the increased rates planned for demonstration year three.

[7] 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 issues with the lack of capacity for the other services identified at the end of demonstration year one [Community Transportation (Paid Driver; Stand-Alone Service), Personal Assistance Home and Community (Region 2), Supported Employment (Region 4), Peer Specialist (Region 3) and Supported Living (Regions 2 to 5)] is **due to lack of direct support professionals**. The State believes that the planned rate increases for demonstration year three (Y3), which are supported by the 2022 rate study, will increase the availability of direct support professionals in existing CWP providers as well as allow ADMH/DDD to conduct a successful RFP process which will result in successful recruitment of the additional providers needed, including standby providers. Therefore, after the planned CWP waiver amendment, to increase reimbursement rates and expenditure caps as described above, is posted for public comment, submitted to CMS and approved by CMS, ADMH/DDD plans to issue a new RFP for standby providers and to fill any remaining provider network needs, as identified through quarterly ongoing monitoring of provider network capacity using the methods detailed below. ADMH/DDD is committed to maintaining an appropriate number of providers available for each type of service offered in the CWP based on the geographic area and number of current and anticipated enrollments in each area. To this end, ADMH/DDD developed methods for monitoring provider capacity as discussed below and required under the CWP Waiver approval.

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). 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 is monitoring provider capacity on a monthly and quarterly basis.

1. A standardized tool for CWP providers to report service initiation 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.

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. The data utilized includes information for Y2/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 demonstration year two (Y2), there were 51 providers collectively providing 33 CWP services across the five regions. This represents an increase of 18 providers or 54.5% in the provider network as compared to the size of the network at the end of demonstration year one (Y1). These providers were contracted in demonstration year two (Y2), based on the RFP process held in demonstration year one and recruitment after the RFP for emergency/urgent needs where no providers responded to the RFP for these services and/or regions.[8] As noted above, after the pending CWP amendment is approved by CMS, with rate increases for most all services, ADMH/DDD intends to retroactively increase rates to 10/1/23. Additionally, ADMH/DDD is moving ahead with a new RFP in Q2 of demonstration year 3 that will feature the current and pending (increased) rates to allow providers to respond based on the increased rates expected to be implemented retroactive to 10/1/23.

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 Y2/Q4 are summarized in the chart below. The numbers provided include information collected from providers in June 2023 to identify their prospective capacity in October 2023.

Note: Provider response rate was only 25% (13 of 51 providers). Data very likely underrepresents actual capacity.

[8] Ibid.

Providers' Reported Capacity to Accept New Referrals in Quarter 1 Month #1 of Demonstration Year 3 (October 2023)	REGION 1 TOTAL	REGION 2 TOTAL	REGION 3 TOTAL	REGION 4 TOTAL	REGION 5 TOTAL
CWP SERVICE					
Adult Family Home	0	0	0	0	0
Assistive Technology and Adaptive Aids	9	0	0	0	0
Breaks and Opportunities (Respite)	0	0	10	4	0
Community Integration Connection and Skills	12	6	10	10	30
Community Transportation	12	6	1	9	16
Community-Based Residential Services	0	1	0	0	1
Employment Supports - Co-Worker Supports	0	0	0	0	20
Supported Employment - Individual: Career Advancement	0	5	4	2	22
Supported Employment - Individual: Support Discovery	2	5	4	6	22
Supported Employment - Individual: Exploration	2	5	0	10	22
Supported Employment - Individual: Job Coaching	8	5	4	9	22
Supported Employment - Individual: Job Development Plan	8	5	4	10	22
Supported Employment - Individual: Job Development	8	5	4	12	22
Supported Employment - Integrated Employment Path	4	5	0	8	22
Supported Employment Small Group	3	0	0	0	24
Family Empowerment and System Navigation Counseling	0	10	10	0	25
Financial Literacy and Work Incentives Benefits Counseling	25	14	14	20	30
Housing Counseling Services	1	12	2	2	27
Housing Start-Up Assistance	1	12	2	2	27
Independent Living Skills Training	4	16	0	5	31
Minor Home Modifications	0	10	0	0	5
Natural Support of Caregiver Education and Training	0	0	0	0	20
Occupational Therapy	0	0	0	0	4
Peer Specialist Supports	0	0	0	0	20
Personal Assistance Community	6	7	5	9	26
Personal Assistance Home	4	7	5	9	26
Physical Therapy	0	0	0	0	0
Positive Behavioral Supports	1	1	2	2	22
Remote Supports Backup Contractor	0	0	0	0	0
Remote Supports Contractor	0	0	0	0	0
Skilled Nursing	0	0	0	0	20
Speech and Language Therapy	0	0	0	0	4
Supported Living Services	0	0	0	0	20

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 demonstration year two, the COVID-19 public health emergency continued nationwide through May 11, 2023. 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 demonstration year 2 is included in the table below:

	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5	TOTAL
Total Referrals Accepted	223	251	322	144	125	1,065
% of Total Referrals Accepted that were for Support Coordination	51%	42.6%	33%	32%	42.4%	40%
% of Total Referrals Accepted that were for Other Services	49%	57.4%	67%	68%	57.6%	60%

The referral acceptance rate, as reported through the ADIDIS case management system, is not being reported due to continued issues with the ADMH/DDD "ADIDIS" information technology system (slated for replacement in FY24) and the impact on the completeness and validity of the data. However, data was collected directly from all support coordinators, as of the end of demonstration year 2, to identify the number of CWP participants waiting for referrals to be accepted:

Demonstration Year 2 Data	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5	TOTAL
Total # Enrolled 60+ Days Prior to End of Demonstration Year	70	65	72	36	28	271
# Waiting for Referral Acceptance for One or More Services	7	5	15	24	1	52
% Waiting for Referral Acceptance for One or More Services	10%	7.7%	20.8%	66.7%	3.6%	19.2%
% Not Waiting for Referral Acceptance	90%	92.3%	79.2%	33.3%	96.4%	80.8%

Most notable are the significant percentage in Region 4, and the concerning percentage in Region 3, who are waiting for referrals to be accepted. The CWP Provider Network Manager is prioritizing these regions for provider outreach efforts in demonstration year three. ADMH/DDD continues to address issues with ADIDIS functionality but has determined that ADIDIS cannot be modified to fully address the issues. The new system being developed to replace ADIDIS in FY24 will have the functionality required to track referrals made and accepted in a better way that is specifically aligned with STC 30 requirements.

Method Step #4:

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

During demonstration year two, the COVID-19 public health emergency continued nationwide through May 11, 2023. According to the terms and conditions of the CWP, up to this date, the State was required to seek additional providers when, by service and region, the average service initiation delay exceeded 60 days.

Based on all service initiations tracked and reported in Y2/Q3, the average length of time from referral acceptance (as reported by the provider) to service start was 26 days with the range from 0 to 142 days. This was a significant reduction from Y2/Q2 when the average length of time was 85 days. In the last monitoring report, it was acknowledged that there continued to be challenges with providers accepting referrals but once accepted, it appeared services are increasingly timelier in terms of when they begin. For Y2/Q4, an uncharacteristically poor provider reporting rate caused the need to disregard the data in reporting overall results for demonstration year two. **Considering the first three quarters of demonstration year two, the cumulative data indicates an average of 58.5 days from referral acceptance (as reported by the provider) to service start.** While this is below the 60-day limit, approximately 4.5 months of the demonstration year included a period beyond the end of the public health emergency, where the STCs require the state to seek additional providers when the average service initiation delay exceeds 45 days. Therefore, ADMH/DDD concludes this method step supports the need to release an RFP in demonstration year three. The RFP will cover all services in all regions.

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.

Problems with Method Steps #3 and #4, as explained above, continued to impact the State's ability to accurately report the number of CWP participants waiting for specific services, which is part of the data utilized for Method Step #5.

However, data collected directly from support coordinators at the end of Y2 helped provide accurate information for Method Steps #3 and #5. The number of projected new enrollments (by region) expected to occur during the upcoming month are calculated by the CWP director. Based on net enrollments in the first two years of the demonstration, which are less than was targeted, the goal for Y3/Q1 is 186 total enrollments, or 62 enrollments per month.

Total New Enrollees Anticipated in Next Month	
Region I	4
Region II	9
Region III	5
Region IV	4
Region V	40
Total Statewide	62*
	**Target necessary to stay on pace to enroll 1,097 by 9/30/24*

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 the last month of Y2/Q4, is added to the projection of capacity needed. Additional provider capacity is needed.

Method Step #6:

By service and by region, during the COVID-19 public health emergency, 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 (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).

Service	Region	# Utilizing	# Waiting	# Enrolled	Utilization Rate	Anticipated New Enrollments	Additional Capacity Needed	Existing Provider-Reported Capacity	More Providers Needed?
Adult Family Home	1	0	4	83	5%	4	4	0	Yes
Adult Family Home	2	0	3	84	4%	9	3	0	Yes
Adult Family Home	3	0	5	81	6%	5	5	0	Yes
Adult Family Home	4	0	4	47	9%	4	4	0	Yes
Adult Family Home	5	0	4	57	7%	40	7	0	Yes
Assistive Technology and Adaptive Aids	1	11	0	83	13%	4	1	9	No
Assistive Technology and Adaptive Aids	2	5	0	84	6%	9	1	0	Yes
Assistive Technology and Adaptive Aids	3	16	0	81	20%	5	1	0	Yes
Assistive Technology and Adaptive Aids	4	13	0	47	28%	4	1	0	Yes
Assistive Technology and Adaptive Aids	5	2	0	57	4%	40	1	0	Yes
Breaks and Opportunities	1	1	2	83	4%	4	2	0	Yes
Breaks and Opportunities	2	0	0	84	0%	9	0	0	No
Breaks and Opportunities	3	21	2	81	28%	5	3	10	No
Breaks and Opportunities	4	10	1	47	23%	4	2	4	No
Breaks and Opportunities	5	0	0	57	0%	40	0	0	No
Community-Based Residential	1	2	1	83	4%	4	1	0	Yes
Community-Based Residential	2	6	2	84	10%	9	3	1	Yes
Community-Based Residential	3	10	5	81	19%	5	6	0	Yes
Community-Based Residential	4	3	1	47	9%	4	1	0	Yes
Community-Based Residential	5	3	1	57	7%	40	4	1	Yes
Comm Int Conn and Skills Training	1	34	0	83	41%	4	2	12	No
Comm Int Conn and Skills Training	2	0	0	84	0%	9	0	6	No
Comm Int Conn and Skills Training	3	19	0	81	23%	5	1	10	No
Comm Int Conn and Skills Training	4	16	7	47	49%	4	9	10	No
Comm Int Conn and Skills Training	5	15	0	57	26%	40	11	30	No
Community Transportation	1	25	2	83	33%	4	3	12	No
Community Transportation	2	8	0	84	10%	9	1	6	No
Community Transportation	3	12	7	81	23%	5	8	1	Yes
Community Transportation	4	14	14	47	60%	4	16	9	Yes
Community Transportation	5	8	0	57	14%	40	6	16	No
Family Empowerment	2	4	0	84	5%	9	0	10	No
Housing Counseling	2	2	0	84	2%	9	0	12	No
Housing Counseling	5	1	0	57	2%	40	1	27	No
Housing Start Up	3	2	0	81	2%	5	0	2	No
Housing Start Up	5	1	0	57	2%	40	1	27	No
Independent Living Skills Training	1	1	2	83	4%	4	2	4	No
Independent Living Skills Training	2	0	0	84	0%	9	0	16	No
Independent Living Skills Training	3	24	5	81	36%	5	7	0	Yes
Independent Living Skills Training	4	10	3	47	28%	4	4	5	No
Independent Living Skills Training	5	7	0	57	12%	40	5	31	No
Minor Home Modifications	1	0	0	83	0%	4	0	0	No
Minor Home Modifications	2	0	0	84	0%	9	0	10	No
Minor Home Modifications	4	1	0	47	2%	4	0	0	No
Occupational Therapy	1	0	0	83	0%	4	0	0	No
Occupational Therapy	3	2	0	81	2%	5	0	0	No
Occupational Therapy	5	2	1	57	5%	40	3	4	No
Peer Specialist Services	4	1	1	47	4%	4	1	0	Yes
Personal Assistance-Community	1	6	2	83	10%	4	2	6	No
Personal Assistance-Community	2	12	1	84	15%	9	2	7	No
Personal Assistance-Community	3	11	6	81	21%	5	7	5	Yes
Personal Assistance-Community	4	8	13	47	45%	4	15	9	Yes
Personal Assistance-Community	5	5	0	57	9%	40	4	26	No
Personal Assistance-Home	1	0	2	83	2%	4	2	4	No
Personal Assistance-Home	2	6	0	84	7%	9	1	7	No
Personal Assistance-Home	3	13	3	81	20%	5	4	5	No
Personal Assistance-Home	4	10	7	47	36%	4	8	9	No
Personal Assistance-Home	5	3	0	57	5%	40	2	26	No
Physical Therapy	3	1	0	81	1%	5	0	0	No
Positive Behavior Supports	1	1	0	83	1%	4	0	1	No
Positive Behavior Supports	2	0	0	84	0%	9	0	1	No
Positive Behavior Supports	3	7	0	81	9%	5	0	2	No
Positive Behavior Supports	4	0	0	47	0%	4	0	2	No
Positive Behavior Supports	5	2	0	57	4%	40	1	22	No
Remote Supports	1	5	0	83	6%	4	0	20	No
Remote Supports	2	3	0	84	4%	9	0	20	No
Remote Supports	3	6	0	81	7%	5	0	20	No
Remote Supports	4	3	0	47	6%	4	0	20	No
Remote Supports	5	3	0	57	5%	40	2	20	No
Integrated Employment Path Services	2	1	0	84	1%	9	0	5	No
SE-Discovery	1	2	0	83	2%	4	0	2	No
SE-Discovery	2	0	0	84	0%	9	0	5	No
SE-Discovery	3	0	0	81	0%	5	0	4	No
SE-Discovery	4	0	4	47	9%	4	4	6	No
SE-Discovery	5	4	0	57	7%	40	3	22	No
SE-Exploration	1	0	0	83	0%	4	0	2	No
SE-Exploration	2	1	0	84	1%	9	0	5	No
SE-Exploration	3	0	0	81	0%	5	0	0	No
SE-Exploration	4	3	0	47	6%	4	0	10	No
SE-Job Coaching	2	5	0	84	6%	9	1	5	No
SE-Job Coaching	5	3	0	57	5%	40	2	22	No
SE-Job Development	2	1	0	84	1%	9	0	5	No
SE-Small Group	2	5	0	84	6%	9	1	0	Yes
SE-Small Group	5	1	0	57	2%	40	1	24	No
Speech-Language Therapy	1	0	0	83	0%	4	0	0	No
Speech-Language Therapy	2	0	2	84	2%	9	2	0	Yes
Speech-Language Therapy	5	3	0	57	5%	40	2	4	No
Skilled Nursing	2	0	0	84	0%	9	0	0	No
Skilled Nursing	4	1	0	47	2%	4	0	0	No
Work Incentive Benefits Counseling	1	0	0	83	0%	4	0	25	No
Work Incentive Benefits Counseling	2	11	0	84	13%	9	1	14	No
Work Incentive Benefits Counseling	3	0	0	81	0%	5	0	14	No
Work Incentive Benefits Counseling	4	0	0	47	0%	4	0	20	No
Work Incentive Benefits Counseling	5	0	0	57	0%	40	0	30	No

Results of Data Analysis:

For Y2/Q3, there are 93 distinct needs, by service type and region, identified through Method Step #6. The table above illustrates the needs, with 23 (25%) showing inadequate provider capacity. This is a decrease in inadequate provider capacity as compared to Y2/Q3. However, there is still a substantial need to increase standby provider capacity and this need cuts across a range of CWP service types and regions.

While problems with data validity for Method Steps #3 and #4 are still hampering the State's overall effort to apply the requirements for monitoring the adequacy of the CWP provider network, there is clear evidence that more provider capacity is needed to address poor referral acceptance rates and service initiation timeframes that are too long.

The core problem with provider network adequacy continues to be the need for more DSPs to deliver services. There is little evidence to suggest that simply adding more provider agencies to the CWP network will create this additional direct service staffing capacity. **Indeed, additional providers have been added to the network through a previous RFP process and the staffing capacity issues have not improved as a result.** The previous RFP, released in demonstration Y1, yielded only some of the additional provider capacity needed, with low provider response to the RFP largely due to the result of lack of DSPs. Even with the additional providers added through this RFP, the shortage of DSPs continued to cause issues with referral acceptance and timely service initiation. In the absence of other changes, attempting to add more provider agencies will only result in a greater number of provider agencies competing for the same limited pool of job seekers willing and able to take the positions. Therefore, as noted previously, the State is moving ahead with a CWP amendment that is expected to be posted for public comment in Y3/Q2, with a 10/1/23 target date for retroactive federal approval.

The CWP amendment proposes to increase rates for most all CWP services, based largely on the results of the rate study commissioned by ADMH/DDD in CY2022. Corresponding increases in enrollment group expenditure caps are also proposed to ensure no CWP participants experience a reduction in services due to increased reimbursement rates. Additional targeted changes are also included in the proposed waiver amendment to address other issues inhibiting timely access to certain CWP services. A new RFP is also planned for Y3/Q2, ensuring that providers can be recruited, and the contracting process completed by the time the State anticipates the waiver amendment will be approved by CMS.

Conclusion

The CWP ended demonstration year two (Y2) on a positive note by enrolling an average of 79 individuals in the last quarter, including 54 in the last month of the demonstration year. This pace in the last quarter is double the average pace of enrollments in the 21 previous program months when the average monthly enrollment was 13 individuals. This shows significant improvement in an area where the program has struggled since inception.

Other key performance metrics for the CWP are generally very positive, including the 91.4% of participants receiving all their services in settings that are not provider owned or controlled, and a 47% participation rate in self-direction. Additionally, the competitive integrated employment rate among working-age adults in the CWP is nearly four times the rate in the ID/LAH waivers, with continuing high interest in employment among new enrollees.

Enrollment challenges due to lack of ADMH regional office staff capacity, lack of updated eligibility documentation continues to be the main barrier to the success of the program. As a result of this continuing challenge, ADMH/DDD Support Coordination staff continues to step in to assist; but three regions are facing a shortage of Support Coordination staff due to barriers with recruitment and some turnover among those previously hired. New ADMH HR classifications specifically for Support Coordination are expected to come online in Y3/Q2 to facilitate recruitment and there will be an expansion of available positions to support the increased enrollments.

The second major challenge to program success has been the lack of DSPs to provide direct services with providers struggling to maintain adequate staffing for the legacy waivers and people they are already serving in the CWP. The State is taking meaningful and thoughtful steps to proactively address these issues as detailed in this report. This includes the first CWP amendment with rate increases for most every CWP service.

The new partnerships with Project Transition will help further develop the State's infrastructure for effective response to individuals facing behavioral or mental health challenges, supporting families with the same challenges, and avoiding unnecessary residential placements or in-patient hospitalizations.

Overall, the CWP faced unprecedented challenges as a result of launching during the COVID-19 PHE, during which time the national direct service workforce crisis was reaching its worst ever point and ADMH/DDD was undertaking a major and multi-staged review of providers and settings to ensure HCBS Settings Rule compliance. Providers faced the most serious challenges faced regarding adequate staffing and responding to HCBS Settings Rule requirements at the same time the CWP worked to increase the number of individuals with ID receiving truly individualized, home and community-based waiver services in the state. Meanwhile, the continued cultural expectation favoring group home placement and day programs has been challenging to overcome in the CWP, despite the recognition in the field of intellectual disabilities that:

- Of the estimated 6.2 million people in the United States with intellectual or developmental disabilities (IDD), most live with their families and receive long term services and supports
- When individuals do not live with family, the ability to live and thrive in individualized living situations and be in charge of their own home (e.g., staff schedule, what/when they eat, who visits and when) is possible for **all** persons with intellectual and developmental disabilities regardless of need when the funding and supports are made available to them
- Continued low expectations held by those who touch the lives of people with IDD, result in perpetuated assumptions that people with IDD need and require 24-hour support and group home living. [9]

The CWP continues to challenge these assumptions, supporting families to stay together to align Alabama's approach with neighboring states and the national status quo, and supporting individuals with ID primarily through individualized and personalized supports in their own homes and communities, bringing services to people rather than expecting people to go to special settings to get the supports they need to thrive. Change does not occur quickly; but the CWP continues to lay the groundwork for a sustainable, authentic home and community-based services program that has ending the waiting lists as a primary goal.

[9] Joint Position Statement on Community Living and Participation for People with Intellectual and Developmental Disabilities issued July, 2016 by the American Association on Intellectual and Developmental Disabilities and the Association of University Centers on Disability. See: Community Living and Participation (aaidd.org)

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 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.

	Total Targeted Net Enrollments Statewide	% of Targeted Net Enrollments for Year 2	Program Inception to Date Net Enrollment Goal
Y2/Q1	81	25%	254
Y2/Q2	82	25%	336
Y2/Q3	81	25%	417
Y2/Q4	83	25%	500

Data for the Reporting Period:

Total Net Enrollments for the Reporting period	Total Targeted Net Enrollments	Performance
78	**83**	**94%**

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

Demonstration Month & Region	Counties								
Jul-23		**Gr 1**	**Gr 2**		**Gr 3**	**Gr 4**	**Gr 5**	**Disenrollments**	**NET**
Region 1	Madison	0	0		1	0	0	0	**1**
	Morgan	0	1		0	0	0	0	**1**
	Limestone	0	1		0	1	0	0	**2**
Region 2	Tuscaloosa	0	0		0	0	0	0	**0**
	Walker	0	1		0	0	0	0	**1**
Region 3	Mobile	0	2		1	1	0	0	**4**
	Baldwin	0	0		2	0	0	1	**1**

Region 4	Montgomery	0	0		0	0	0	0	**0**
	Elmore	0	0		0	0	0	0	**0**
	Houston	0	0		0	0	0	0	**0**
Region 5	Jefferson	0	0		0	0	0	0	**0**
July 2023 TOTAL:		**0**	**5**		**4**	**2**	**0**	**1**	
								Jul-23 Net Total	**10**
								Jul-23 Gross Total	**11**

Demonstration Month & Region	**Counties**								
Aug-23		**Gr 1**	**Gr 2**		**Gr 3**	**Gr 4**	**Gr 5**	**Disenrollments**	**NET**
Region 1	Madison	0	2		1	0	0	0	**3**
	Morgan	0	0		0	0	0	0	**0**
	Limestone	0	0		1	0	0	0	**1**
Region 2	Tuscaloosa	0	1		1	0	0	0	**2**
	Walker	0	0		0	0	0	0	**0**
Region 3	Mobile	0	0		0	0	0	0	**0**
	Baldwin	0	0		2	0	0	0	**2**
Region 4	Montgomery	0	1		0	0	0	0	**1**
	Elmore	0	0		0	0	0	0	**0**
	Houston	0	0		0	0	0	0	**0**
Region 5	Jefferson	0	0		3	2	0	0	**5**
August 2023 TOTAL:		**0**	**4**		**8**	**2**	**0**	**0**	
								Aug-23 Net Total	**14**
								Aug-23 Gross Total	**14**

Demonstration Month & Region	**Counties**								
Sep-23		**Gr 1**	**Gr 2**		**Gr 3**	**Gr 4**	**Gr 5**	**Disenrollments**	**NET**
Region 1	Madison	1	1		8	1	0	0	**11**
	Morgan	0	0		1	0	0	0	**1**
	Limestone	0	0		1	0	0	0	**1**
Region 2	Tuscaloosa	0	3		6	0	0	0	**9**
	Walker	1	4		4	0	0	0	**9**
Region 3	Mobile	0	1		1	0	0	0	**2**
	Baldwin	0	1		4	0	0	0	**5**
Region 4	Montgomery	0	0		3	0	0	0	**3**
	Elmore	0	2		0	0	0	0	**2**
	Houston	0	1		1	0	0	0	**2**
Region 5	Jefferson	1	2		6	0	0	0	**9**
September 2023 TOTAL:		**3**	**15**		**35**	**1**	**0**	**0**	
								Sep-23 Net Total	**54**
								Sep-23 Gross Total	**54**
									78

Y2/Q4 Gross Total	**79**

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:

4. Preserve existing living arrangement.
5. Obtain/maintain competitive integrated employment.
6. 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.

Data for the 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
66	**73**	**90%**

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 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 period	Performance
76	**79**	**96%**

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 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

26	**37**	**70%**

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.

Data for the 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 gross enrollments during the reporting period	Performance
0	**79**	**0%**

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 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
4	5	80%

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 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 (gross enrollments)	Performance
0	391	0%

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 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 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

Data for the Reporting Period:

Total CWP participants as of the last day of the reporting period with approved Person-Centered Plans 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 approved Person-Centered Plans	Performance
34	**36**	**94%**

Additional Y2/Q4 Information

Avoidance of Unnecessary Residential Placements

Out of the 11 cases reviewed in Y2/Q4, seven were approved for enrollment in Group 4-CBRS that met the criteria. The SRC conducts a review of information presented to determine if Group 4 is the least restrictive and most appropriate option for the referral or if the individual might be served in another age-appropriate enrollment group. Additionally, two referrals were denied enrollment into Group 4. However, one was offered enrollment in their age-appropriate group with in-home supports, while one was denied due to multiple psychological scores above the eligibility criteria. One additional referral was denied because contact could not be established with family/natural supports, and one other referral is pending a decision due to the need for additional information.

Y2/Q4	Referrals Classified as Emergency by Referral Source	Referrals Denied CWP Enrollment Due to Failure to Meet	Referrals Determined to be Emergencies and Approved for CWP	Referrals Classified as Emergency by Referral Source that were able to	Referrals Classified as Emergency by Referral Source that were Determined	Appeals in Process	Case Closed Due to no Contact	Pending Due to Need for Additional Information that has

		Enrollment Criteria	Group 4 Enrollment	be Enrolled and Served in CWP Enrollment Group 1, 2 or 3, based on age.	Ineligible for CWP Group 4 Enrollment and Declined Option to Enroll in Group 1, 2 or 3, based on age.			been Requested
Y2/Q4 TOTAL	**11**	**1**	**7**	**1**	**0**	**0**	**1**	**1**
Region 1	3	0	1	1	0	0	1	0
Region 2	1	0	0	0	0	0	0	1
Region 3	3	0	3	0	0	0	0	0
Region 4	3	1	2	0	0	0	0	0
Region 5	1	0	1	0	0	0	0	0

Collaboration with Alabama Department of Rehabilitation Services – ADRS

- Y2/Q4, there were a total of 10 referrals made to VR.
    - All 10 were in the process of completing an application for services and awaiting either an eligibility decision or other supported employment services. There were no complaints or concerns received from CWP staff in Y2/Q4 related to VR.

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

During Y2/Q4, the provider network was increased with the addition of four CWP providers, that each met the minimum preferred provider qualification (PPQ) score, to meet immediate and urgent needs. This brought the overall total number of CWP providers to fifty-one.

Ensuring Quality in Provider Credentialing through a Collaborative Partnership with The Council on Quality and Leadership (CQL)

In Y2/Q4, ADMH hired a new credentialing staff during the quarter to fill a vacancy. Two providers, Volunteers of America Alabama and Arc of Madison County, completed their credentialing during the quarter.

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

2023 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, which was approved by CMS on December 6, 2022. HMA spent the second year of the Community Waiver Program (CWP) Demonstration working with the state to test and improve data collection methods, as well as to complete baseline participant and provider survey activities that had been delayed due to the limited enrollment of CWP participants during the first year. Key activities and accomplishments for the second year of the evaluation (October 1, 2022 through September 30, 2023) are presented below.

Quarter 1 (10/1/22 – 12/31/22)

- Final Evaluation Design approved by CMS on December 6, 2022
- Worked on the demonstration year 1 annual report, including reviewing available data for each indicator for completeness and reliability
- Provided data for the first annual report
- Refined data queries to improve reliability and validity across systems
- Finalized and distributed the Support Coordination satisfaction survey to participants and families
- Administered provider accreditation survey
- Worked with the State to increase provider participation in surveys and self-reported data collection

Quarter 2 (1/1/23 – 3/31/23)

- Tested and further refined administrative data queries to improve reliability and validity
- Collected and analyzed year one data for the provider accreditation survey
- Collected and analyzed year one Support Coordination Survey data from participants and families

Quarter 3 (4/1/23 – 6/30/23)

- Worked with the state to improve participation in the provider survey, collect additional baseline provider data
- Tested and further refined administrative data queries to improve reliability and validity

Quarter 4 (7/1/23 – 9/30/23)

- Distributed the Support Coordination satisfaction survey to participants and families
- Tested and further refined administrative data queries to improve reliability and validity
- Made annual data reporting requests to state agencies and affiliated contractors (e.g. FMS)

AL Community Waiver Program Results to Date

In Year 2 of the demonstration, a number of evaluation measures offer some early information about the demonstration. These early data suggest that the CWP waiver is trending in the right direction in terms of costs and enrollment, as well as 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, other measures such as turnover rates of direct service workers, consistency of support coordinator relationships and the number of people maintaining residence in non-provider controlled settings over the demonstration year, are less positive for CWP relative to ID/LAH. However, many measures show inconclusive early findings that will continue to be monitored in the coming years or will be dependent upon year-over-year trending and cannot yet be reported.

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 still relatively low numbers of CWP participant service months and the limited time period of implementation and data collection to date.

- **Enrollment:** Net new enrollment across all waivers is up in Year 2 to 301. CWP accounted for 208 of these new enrollments, with the ID/LAH waivers accounting for 93 new enrollments. This is an increase from a net enrollment of 264 in Year 1 of the demonstration and an average of 204 net enrollments per year historically.

- **Per-Person-Per-Month (PPPM) Costs:** CWP participant PPPM costs were more than $76,000 lower than ID/LAH participant PPPM costs. PPPM costs for HCBS claims were significantly higher for ID/LAH waiver participants.

- **Competitive Employment:** In Year 2, 8.7 percent of the participants with an employment assessment in the CWP had qualifying competitive integrated employment (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 1 to Year 2 was 4.5%, compared to 0.6% for ID/LAH waivers.

- **Utilization of Self-Direction:** In Year 2, 17.9% of CWP participants utilized self-directed services, compared to 9.9% of ID/LAH waiver participants. A total of 13% of CWP waiver spending was on self-directed services, while self-directed spending accounted for 5.9% of total ID/LAH waiver spending.

- **Individuals Living in Settings that are Not Provider Owned/Controlled:** In Year 2, 90.1% of CWP participants lived in a setting that was not provider owned or controlled (a natural setting), compared to 44% of ID/LAH waiver participants. However, among individuals who were living in a natural setting at the beginning of the demonstration year, 92.9% of ID/LAH waiver participants remained in a non-provider setting, compared with 88.2% of CWP participants.

Support Strategies in Person-Centered Plans (PCPs): In Year 2, 36.1% of CWP participants had a PCP that included at least one strategy across each of three domains that was not Medicaid funded, compared with 44.2% of ID/LAH waiver participants. Among PCPs for ID/LAH waiver participants, 13.2% included multiple strategy types, compared to only 6.6% of CWP PCPs.

- However, within the CWP PCPs, 57% of the strategy types in the PCPs were non-Medicaid funded, compared with 39% of the strategy types in the ID/LAH waiver PCPs.

- **Utilization of a Wide Range of Services:** In Year 2, 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.

- **Wages and Turnover of Direct Support Workers (DSWs):** In Year 2, mean wages for self-directed DSWs were higher ($19.02 per hour) compared to agency DSWs ($15.27 per hour). Turnover rates for DSWs were much lower among self-directed DSWs (20%) compared to agency-employed DSWs (37.5%).

- **Provider Agency Stability:** While only baseline data are available at this time, the collection of data and initial analysis provides a view into current perceptions of stability by providers in the service delivery system including that CWP providers were more likely to rate their stability and their financial health favorably. One hundred percent of CWP-Only providers agreed they were stable as compared to 57% of ID/LAH-Only providers. In terms of Financial Health, 14% of CWP-Only providers reported their financial health as poor or fair as compared to 54% of ID/LAH-Only providers.

- **Accreditation:** CWP providers are almost twice as likely as ID/LAH providers to be nationally accredited, at 30% (for CWP) compared to 16.7% (for ID/LAH).

Demonstration Year Two Challenges

There were several evaluation challenges in Year 2 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 in Year 1 of the demonstration, some data systems and processes needed for the evaluation were still under development for at least part of Year 2 or were unstable and needed refinement in Year 2. Two measures related to documented crises and critical incidents are not reported for demonstration Year 2 because additional development of the information system infrastructure was required, and subsequently report programming is being developed to report the necessary data in a valid and reliable manner.

In other cases, Year 2 provided the first opportunity for baseline data to be collected, so no comparison data are available yet. For example, baseline data were collected to measure provider stability. These baseline data are provided in this report.

Individual Experience data from the National Core Indicators (NCI) Survey for Year 1 did not include an adequate number of CWP participants to be valid. NCI data for Year 2 are not yet available but will be reported in the second quarter of Year 3.

For emergency enrollments to date, the methodology was originally intended to measure the proportion of enrollments that were based on an emergency enrollment code (such as a participant's loss of a natural family support due to a caregiver's death) against each waiver's waiting list, i.e., a comparison of the proportion of emergency enrollments from the waiting list into CWP versus into ID/LAH. However, ADMH's waiver waiting list is general rather than waiver specific, so it is not possible to utilize the original methodology. Instead, the methodology has been modified to measure the rate of emergency enrollment as a proportion of total enrollments for each (CWP total enrollments and ID/LAH total enrollments).

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 Two)
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	Total number of funded slots across the CWP and ID and LAH waivers A key objective of the CWP is to expand the number of eligible individuals with ID receiving HCBS; this measure assesses system capacity	Funded slots across the entire system (ID and LAH waivers and CWP); changes tracked over the duration of the demonstration	The total number of funded slots for Year 1: • CWP: 500 slots • ID/LAH Waivers: 6,029 slots The total number of funded slots for Year 2: • CWP: 1,097 slots • ID/LAH Waivers: 5,598 slots 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.
M2. Individuals enrolled from the waiting list	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 A key objective of the CWP is to expand the number of eligible individuals with ID receiving HCBS; this measure assesses enrollment	Enrollees across the entire system (ID and LAH waivers and CWP); changes tracked over the duration of the demonstration	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). In the first year of the demonstration, there were 264 net enrollments across all three waivers. 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. Prior appropriations made it possible to achieve the same or better net gain in enrollments in both CWP and ID/LAH. The net gain in enrollments, primarily accounted for in the CWP, was the result of the CWP enrolling people from the waiting list without requiring criticality to reach a certain level.

<table>
<tr><th>Measure</th><th>Description and Objective</th><th>Sample Population/ Comparison Group</th><th>Observations (Year Two)</th></tr>
<tr><td colspan="4">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.</td></tr>
<tr><td>M3. Per-person cost</td><td>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

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</td><td>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)</td><td>As detailed below, Per-Person-Per-Month (PPPM) costs for HCBS services were about $5,800 more per month for ID/LAH waiver 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 traditional medical services) were not materially different, while PPPM administrative costs for CWP participants are $495 higher than ID/LAH waiver administrative costs due to administrative expenses attributable only to the CWP waiver.

Statewide Per Person Per Month (PPPM) Costs

<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 2023)</td></tr>
<tr><td>CWP</td><td>$2,596,683</td><td>1,396</td><td>$1,860</td></tr>
<tr><td>ID/LAH</td><td>$483,183,662</td><td>58,657</td><td>$8,237</td></tr>
<tr><td colspan="4">Non-HCBS Claims (SFY 2023)</td></tr>
<tr><td>CWP</td><td>$719,236</td><td>1,307</td><td>$550</td></tr>
<tr><td>ID/LAH</td><td>$24,925,533</td><td>55,275</td><td>$451</td></tr>
<tr><td colspan="4">General Administrative Costs (SFY 2023)*</td></tr>
<tr><td>CWP</td><td>$103,058</td><td>1,396</td><td>$74</td></tr>
<tr><td>ID/LAH</td><td>$4,330,261</td><td>58,657</td><td>$74</td></tr>
<tr><td colspan="4">CWP-Only Administrative Costs (SFY 2023)*</td></tr>
<tr><td>CWP</td><td>$690,927</td><td>1,396</td><td>$495</td></tr>
<tr><td colspan="4">Totals (SFY 2023)</td></tr>
<tr><td>CWP</td><td>$4,109,903</td><td>-</td><td>$2,979</td></tr>
<tr><td>ID/LAH</td><td>$512,439,456</td><td>-</td><td>$8,762</td></tr>
</table>
*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.</td></tr>
</table>

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 $7,865 more than CWP PPPM costs) and lowest in Region 5 (where ID/LAH waiver PPPM costs were $5,368 more than CWP PPPM costs).

Region 1	**Total Spend (A)**	**Total Participant Months (B)**	**PPPM (A/B)**
HCBS Claims (SFY 2023)			
CWP	$335,163	239	$1,402
ID/LAH	$87,945,177	8,790	$10,005
Non-HCBS Claims (SFY 2023)			
CWP	$202,616	306	$662
ID/LAH	$3,565,162	8,503	$419
General Administrative Costs (SFY 2023)			
CWP	$17,644	239	$74
ID/LAH	$648,908	8,790	$74
CWP-Only Administrative Costs (SFY 2023)			
CWP	$118,289	239	$495
Region 1 Totals (SFY 2023)			
CWP	**$673,712**	-	**$2,633**
ID/LAH	**$92,159,248**	-	**$10,498**

Region 2	**Total Spend (A)**	**Total Participant Months (B)**	**PPPM (A/B)**
HCBS Claims (SFY 2023)			
CWP	$697,223	485	$1,438
ID/LAH	$51,594,249	5,692	$9,064
Non-HCBS Claims (SFY 2023)			
CWP	$35,380	206	$172
ID/LAH	$2,640,143	5,492	$481
General Administrative Costs (SFY 2023)			
CWP	$35,804	485	$74
ID/LAH	$420,203	5,692	$74
CWP-Only Administrative Costs (SFY 2023)			
CWP	$240,043	485	$495
Region 2 Totals (SFY 2023)			

CWP	**$1,008,450**	**-**	**$2,178**
ID/LAH	**$54,654,595**	**-**	**$9,619**

Region 3	**Total Spend (A)**	**Total Participant Months (B)**	**PPPM (A/B)**
HCBS Claims (SFY 2023)			
CWP	$870,630	284	$3,066
ID/LAH	$77,392,683	8,043	$9,622
Non-HCBS Claims (SFY 2023)			
CWP	$248,432	382	$650
ID/LAH	$3,590,173	7,409	$485
General Administrative Costs (SFY 2023)			
CWP	$20,966	284	$74
ID/LAH	$593,762	8,043	$74
CWP-Only Administrative Costs (SFY 2023)			
CWP	$140,561	284	$495
Region 3 Totals (SFY 2023)			
CWP	**$1,280,589**	**-**	**$4,285**
ID/LAH	**$81,576,618**	**-**	**$10,181**

Region 4	**Total Spend (A)**	**Total Participant Months (B)**	**PPPM (A/B)**
HCBS Claims (SFY 2023)			
CWP	$306,226	184	$1,664
ID/LAH	$48,695,115	5,658	$8,606
Non-HCBS Claims (SFY 2023)			
CWP	$54,354	157	$346
ID/LAH	$1,963,543	5,189	$378
General Administrative Costs (SFY 2023)			
CWP	$13,584	184	$74
ID/LAH	$417,693	5,658	$74
CWP-Only Administrative Costs (SFY 2023)			
CWP	$91,068	184	$495
Region 4 Totals (SFY 2023)			
CWP	**$465,231**	**-**	**$2,579**
ID/LAH	**$51,076,351**	**-**	**$9,059**

Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Two)

Region 5	**Total Spend (A)**	**Total Participant Months (B)**	**PPPM (A/B)**
HCBS Claims (SFY 2023)			
CWP	$382,076	187	$2,043
ID/LAH	$61,585,155	7,522	$8,187
Non-HCBS Claims (SFY 2023)			
CWP	$161,227	215	$750
ID/LAH	$3,238,710	6,914	$468
General Administrative Costs (SFY 2023)			
CWP	$13,805	187	$74
ID/LAH	$555,300	7,522	$74
CWP-Only Administrative Costs (SFY 2023)			
CWP	$92,552	187	$495
Region 5 Totals (SFY 2023)			
CWP	**$649,661**	-	**$3,362**
ID/LAH	**$65,379,165**	-	**$8,730**

<table>
<tr><th>Measure</th><th>Description and Objective</th><th>Sample Population/ Comparison Group</th><th>Observations (Year Two)</th></tr>
<tr><td colspan="4">Goal 2: Increased independence of participants</td></tr>
<tr><td colspan="4">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.</td></tr>
<tr><td>M4. Working-age individuals in competitive integrated employment</td><td>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</td><td>Enrollees in the CWP; comparison made to enrollees in the ID and LAH waivers within the CWP counties</td><td>The table below compares the number of participants who achieved competitive integrated employment (CIE) during year two 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 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, 10.1 percent of the participants with an employment assessment in the CWP had qualifying CIE, compared to 2.8 percent of ID/LAH waiver participants in the CWP counties.
<table><tr><th></th><th>ID/LAH Waivers</th><th>CWP</th></tr><tr><td>Ct. w/ CIE</td><td>72</td><td>32</td></tr><tr><td>Ct. w/ Emp. Assessment</td><td>2,596</td><td>318</td></tr><tr><td>% w/ CIE</td><td>2.8%</td><td>10.1%</td></tr></table>
*As part of Alabama’s person-centered planning process, each working-age waiver participant completes a series of questions with their support coordinator to determine interest in exploring employment, which is documented as the annual employment assessment.</td></tr>
</table>

<table>
<tr><th>Measure</th><th>Description and Objective</th><th>Sample Population/ Comparison Group</th><th>Observations (Year Two)</th></tr>
<tr><td>M5. Growth in number of working-age individuals who work in competitive integrated employment</td><td>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

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</td><td>Enrollees in the CWP; comparison made to enrollees in the ID and LAH waivers within the CWP counties</td><td>In addition to the proportion of participants in each waiver 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 compared to the prior year. When comparing year two to year one 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 4.5 percentage points year-over-year, compared to a 0.6 percentage point growth among ID/LAH waiver participants.

<table><tr><th></th><th>ID/LAH Waivers</th><th>CWP</th></tr><tr><td>Growth in Ct. w/ CIE</td><td>51</td><td>28</td></tr><tr><td>Growth in Ct. w/ Employment Assessment</td><td>1,787</td><td>276</td></tr><tr><td>Percentage Point Growth Change Since Year 1</td><td>0.6%</td><td>4.5%</td></tr></table></td></tr>
</table>

<table>
<tr><th>Measure</th><th>Description and Objective</th><th>Sample Population/ Comparison Group</th><th>Observations (Year Two)</th></tr>
<tr><td>M6. Working age individuals who received services intended to assist with achieving competitive integrated employment</td><td>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

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</td><td>Enrollees in the CWP; comparison made to enrollees in the ID and LAH waivers within the CWP counties</td><td>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 are 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.

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 DY), 3.4 percent of CWP participants received at least one paid employment service that could increase their likelihood of achieving CIE in the future, compared to 1.0 percent of ID/LAH waiver participants.

<table>
<tr><th></th><th>ID/LAH Waivers</th><th>CWP</th></tr>
<tr><td>Ct. w. Employment Assessment, no CIE</td><td>2,542</td><td>146</td></tr>
<tr><td>Ct. w/ Employment Assessment, no CIE, but at least 1 paid employment service</td><td>25</td><td>5</td></tr>
<tr><td>Pct. No CIE w/ Emp. Service</td><td>1.0%</td><td>3.4%</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><th>Measure</th><th>Description and Objective</th><th>Sample Population/ Comparison Group</th><th>Observations (Year Two)</th></tr>
<tr><td colspan="4">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.</td></tr>
<tr><td>M7. Utilization of self-direction</td><td>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</td><td>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)</td><td>In a correction to the original methodology as described in the evaluation design for M7, the denominator is defined as the total number of individuals receiving any service that may be self-directed during the evaluation year, as opposed to the total number of individuals receiving any service during the evaluation year. This correction ensures the exclusion of all individuals who are not participating in services that allow for self-direction.
In year two, participants in the CWP waiver used self-directed services at a rate that was 18 percent greater than ID/LAH waiver participants. As the table below illustrates, 25.8 percent of CWP participants utilized at least one self-directed service during the evaluation period compared to 21.9 percent of ID/LAH waiver participants.
<table>
<tr><th colspan="3">Rate of Utilization for Self-Directed Services (Statewide)</th></tr>
<tr><td></td><td>CWP</td><td>ID/LAH</td></tr>
<tr><td>Ct. Utilized Self-Directed Services</td><td>33</td><td>510</td></tr>
<tr><td>All Participants with Claims</td><td>128</td><td>2,334</td></tr>
<tr><td>% Utilizing Self-Directed Services</td><td>25.8%</td><td>21.9%</td></tr>
</table>
</td></tr>
</table>

Utilization of self-directed services varied to a significant degree by Region, as demonstrated in the tables below. For example, although the average utilization of self-directed services was 81 percent higher among CWP participants Statewide compared to ID/LAH waiver participants, the variation was much higher in Region 5 (246 percent) and Region 1 (175 percent), and the variation was lower in Region 2 (21 percent lower), and no CWP participants in Region 4 utilized self-directed services.

Rate of Utilization for Self-Directed Services (Region 1)		
	CWP	**ID/LAH**
Ct. Utilized Self-Directed Services	12	97
All Participants with Claims	34	755
% Utilizing Self-Directed Services	35.3%	12.8%

Rate of Utilization for Self-Directed Services (Region 2)		
	CWP	**ID/LAH**
Ct. Utilized Self-Directed Services	10	115
All Participants with Claims	54	490
% Utilizing Self-Directed Services	18.5%	23.5%

Rate of Utilization for Self-Directed Services (Region 3)		
	CWP	**ID/LAH**
Ct. Utilized Self-Directed Services	7	76
All Participants with Claims	46	702
% Utilizing Self-Directed Services	15.2%	10.8%

Rate of Utilization for Self-Directed Services (Region 4)		
	CWP	**ID/LAH**
Ct. Utilized Self-Directed Services	0	30
All Participants with Claims	25	500
% Utilizing Self-Directed Services	0.0%	6.0%

Rate of Utilization for Self-Directed Services (Region 5)		
	CWP	**ID/LAH**
Ct. Utilized Self-Directed Services	4	36
All Participants with Claims	21	654
% Utilizing Self-Directed Services	**19.0%**	**5.5%**

<table>
<tr><th>Measure</th><th>Description and Objective</th><th>Sample Population/ Comparison Group</th><th>Observations (Year Two)</th></tr>
<tr><td>M8. Spending delivered through self-directed services</td><td>Percentage of total CWP spending delivered through self-directed services compared to 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 volume of services delivered through self-direction</td><td>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)</td><td>During this demonstration year, a higher proportion of the total spending was through self-direction for CWP participants (13.0 percent) compared to ID/LAH waiver participants (5.9 percent).
<table><tr><th colspan="4">Rate of Utilization for Self-Directed Services (Statewide)</th></tr><tr><th></th><th>CWP</th><th>ID/LAH</th><th>Total</th></tr><tr><td>Total Self-Directed Spend</td><td>$299,634</td><td>$26,966,278</td><td>$27,265,912</td></tr><tr><td>Total Waiver Spending</td><td>$2,297,049</td><td>$456,217,385</td><td>$458,514,433</td></tr><tr><td>% of Spending through SD</td><td>13.0%</td><td>5.9%</td><td>5.9%</td></tr></table></td></tr>
</table>

Utilization of self-directed services in proportion to total spending varied regionally. For example, 43.4 percent of CWP waiver participant service costs were for self-directed spending in Region 1, compared to 5.7 percent of ID/LAH waiver participant spending. In Region 2, there was little difference between CWP and ID/LAH. (It is notable that Region 2 of the CWP is the only region where the same entity is providing service coordination for both CWP and ID/LAH).

Rate of Utilization for Self-Directed Services (Region 1)			
	CWP	**ID/LAH**	**Total**
Total Self-Directed Spend	$101,387	$4,747,517	$4,848,904
Total Waiver Spending	$233,777	$83,197,660	$83,431,437
% of Spending through SD	**43.4%**	**5.7%**	**5.8%**

Rate of Utilization for Self-Directed Services (Region 2)			
	CWP	**ID/LAH**	**Total**
Total Self-Directed Spend	$69,631	$5,485,906	$5,555,536
Total Waiver Spending	$627,592	$46,108,343	$46,735,936
% of Spending through SD	**11.1%**	**11.9%**	**11.9%**

Rate of Utilization for Self-Directed Services (Region 3)			
	CWP	**ID/LAH**	**Total**
Total Self-Directed Spend	$88,828	$4,762,707	$4,851,535
Total Waiver Spending	$781,802	$72,629,976	$73,411,778
% of Spending through SD	**11.4%**	**6.6%**	**6.6%**

Rate of Utilization for Self-Directed Services (Region 4)			
	CWP	**ID/LAH**	**Total**
Total Self-Directed Spend	$0	$1,677,198	$1,677,198
Total Waiver Spending	$306,226	$47,017,916	$47,324,142
% of Spending through SD	**0.0%**	**3.6%**	**3.5%**

Rate of Utilization for Self-Directed Services (Region 5)			
	CWP	**ID/LAH**	**Total**
Total Self-Directed Spend	$39,789	$1,945,155	$1,984,944
Total Waiver Spending	$342,287	$59,640,000	$59,982,287
% of Spending through SD	**11.6%**	**3.3%**	**3.3%**

<table>
<tr><th>Measure</th><th>Description and Objective</th><th>Sample Population/ Comparison Group</th><th>Observations (Year Two)</th></tr>
<tr><td colspan="4">Goal 3: Increased community integration of participants</td></tr>
<tr><td colspan="4">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.</td></tr>
<tr><td>M9. Individuals living in settings that are not provider owned or controlled</td><td>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</td><td>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)</td><td>In year two 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 double the proportion of 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, 91.4 percent of CWP participants lived in a setting that was not provider owned or controlled, compared to 43.9 percent in the ID/LAH waiver participants. These percentages are fairly consistent with demonstration year one data, wherein 44.6 percent of ID/LAH waiver participants were living in a setting that was not provider owned or controlled compared to 92.3 percent of CWP waiver participants.
<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>2,153</td><td>320</td></tr>
<tr><td>Provider Owned/ Controlled</td><td>2,755</td><td>30</td></tr>
<tr><td>Proportion Not Provider Owned/ Controlled</td><td>43.9%</td><td>91.4%</td></tr>
</table>
</td></tr>
</table>

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	251	82
Provider Owned/ Controlled	482	1
Proportion Not Provider Owned/ Controlled	**34.2%**	**98.8%**

Region 2	**ID/LAH Waivers**	**CWP**
Not Provider Owned/ Controlled	224	70
Provider Owned/ Controlled	248	6
Proportion Not Provider Owned/ Controlled	**47.5%**	**92.1%**

Region 3	**ID/LAH Waivers**	**CWP**
Not Provider Owned/ Controlled	299	70
Provider Owned/ Controlled	376	14
Proportion Not Provider Owned/ Controlled	**44.3%**	**83.3%**

Region 4	**ID/LAH Waivers**	**CWP**
Not Provider Owned/ Controlled	209	42
Provider Owned/ Controlled	269	5
Proportion Not Provider Owned/ Controlled	**43.7%**	**89.4%**

Region 5	**ID/LAH Waivers**	**CWP**
Not Provider Owned/ Controlled	210	48
Provider Owned/ Controlled	414	4
Proportion Not Provider Owned/ Controlled	**33.7%**	**92.3%**

<table>
<tr><th>Measure</th><th>Description and Objective</th><th>Sample Population/ Comparison Group</th><th>Observations (Year Two)</th></tr>
<tr><td>M10. Individuals who continue to live in setting that are not provider owned or controlled</td><td>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

A key objective of the CWP is to support individuals in the most integrated residential settings; this measure assesses the maintenance of placements</td><td>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)</td><td>During year two of the demonstration, ID/LAH waiver participants were somewhat more likely to remain in a setting that was not provider owned or controlled compared to CWP participants. As the table below illustrates, 97.7 percent of the participants in the ID/LAH waiver that began the evaluation year living in a non-provider residential setting remained in such a setting at the end of the year, compared to 92.2 percent of CWP participants.

<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>2,137</td><td>257</td></tr>
<tr><td>Ct. Remaining in Setting Not Provider Owned/ Controlled at End of Year 2</td><td>2,087</td><td>237</td></tr>
<tr><td>Proportion Remaining in Setting Not Provider Owned/ Controlled at End of Year 2</td><td>97.7%</td><td>92.2%</td></tr>
</table>
</td></tr>
</table>

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	251	60
Ct. Remaining in Setting Not Provider Owned/ Controlled at End of Year 2	246	60
Proportion Remaining in Setting Not Provider Owned/ Controlled at End of Year 2	**98.0%**	**100.0%**

Region 2	**ID/LAH**	**CWP**
Ct. in Setting Not Provider Owned/ Controlled at Beginning of Year 2	227	54
Ct. Remaining in Setting Not Provider Owned/ Controlled at End of Year 2	220	50
Proportion Remaining in Setting Not Provider Owned/ Controlled at End of Year 2	**96.9%**	**92.6%**

Region 3	**ID/LAH**	**CWP**
Ct. in Setting Not Provider Owned/ Controlled at Beginning of Year 2	287	67
Ct. Remaining in Setting Not Provider Owned/ Controlled at End of Year 2	281	58
Proportion Remaining in Setting Not Provider Owned/ Controlled at End of Year 2	**97.9%**	**86.6%**

Region 4	**ID/LAH**	**CWP**
Ct. in Setting Not Provider Owned/ Controlled at Beginning of Year 2	207	33
Ct. Remaining in Setting Not Provider Owned/ Controlled at End of Year 2	204	29
Proportion Remaining in Setting Not Provider Owned/ Controlled at End of Year 2	**98.6%**	**87.9%**

Region 5	**ID/LAH**	**CWP**
Ct. in Setting Not Provider Owned/ Controlled at Beginning of Year 2	213	36
Ct. Remaining in Setting Not Provider Owned/ Controlled at End of Year 2	208	33

Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Two)		
			Proportion Remaining in Setting Not Provider Owned/ Controlled at End of Year 2	**97.7%**	**91.7%**

<table>
<tr><th>Measure</th><th>Description and Objective</th><th>Sample Population/ Comparison Group</th><th>Observations (Year Two)</th></tr>
<tr><td colspan="4">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.</td></tr>
<tr><td>M11. Participants with non-Medicaid supports in their plans</td><td>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
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</td><td>Individuals in the CWP; comparison made to individuals in the ID and LAH waivers</td><td>In year two, 36 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 8 percentage points lower than the 44 percent of ID/LAH waiver participants.
This represents a slight increase in the ID/LAH participants (up from 42.2% in year one) and a significant decrease in the CWP participants (down from 54.7%).
<table><tr><th></th><th>ID/LAH Waivers</th><th>CWP</th></tr><tr><td>Total participants with at Least One Non-Medicaid Support Strategy Across Three or More Domains</td><td>2,176</td><td>117</td></tr><tr><td>Total participants with PCPs</td><td>4,922</td><td>324</td></tr><tr><td>% of PCPs with at Least One Non-Medicaid Support Strategy Across Three or More Domains</td><td>44.2%</td><td>36.1%</td></tr></table>
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.</td></tr>
</table>

<table>
<tr><th>Measure</th><th>Description and Objective</th><th>Sample Population/ Comparison Group</th><th>Observations (Year Two)</th></tr>
<tr><td>M12. Support strategies not paid by Medicaid</td><td>Average percentage of non-Medicaid HCBS support strategy types in person-centered plans compared to ID and LAH waivers
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</td><td>Individuals in the CWP; comparison made to individuals in the ID and LAH waivers</td><td>As detailed in the following table, 57.0 percent of the strategy types found in CWP participants' PCPs that were active during the evaluation year are non-Medicaid funded, 18 percentage points higher than ID/LAH waiver participants' PCPs. This represents significant growth from the 42 percent of strategies that are not Medicaid funded for CWP participants reported in year one. The proportion of strategies in the ID/LAH waivers remained consistent year over year.
<table><tr><th></th><th>ID/LAH Waivers</th><th>CWP</th></tr><tr><td>Total Strategies That are Non-Medicaid Funded</td><td>13,903</td><td>942</td></tr><tr><td>Total Strategies</td><td>35,674</td><td>1,652</td></tr><tr><td>% of Strategies That are Non-Medicaid Funded</td><td>39.0%</td><td>57.0%</td></tr></table></td></tr>
</table>

<table>
<tr><th>Measure</th><th>Description and Objective</th><th>Sample Population/ Comparison Group</th><th>Observations (Year Two)</th></tr>
<tr><td>M13. Individuals with diverse support strategies in their person-centered plan (PCP)</td><td>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

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</td><td>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)</td><td>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 two. ID/LAH waiver participants were more likely to have a higher number of diverse support strategies within their PCPs than CWP participants (13.2 percent compared to 6.6 percent, respectively.) This is a shift from year one, when the percentages were 11.6 percent compared to 8.4 percent, respectively.

<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>4,922</td><td>324</td></tr>
<tr><td>Count of PCPs with Multiple Strategy Types</td><td>751</td><td>23</td></tr>
<tr><td>% of PCPs with Multiple Strategy Types</td><td>13.2%</td><td>6.6%</td></tr>
</table>
</td></tr>
</table>

The proportion of PCPs with multiple strategy types for CWP participants in Regions 3 and 4 were 14.1 percent and 14.9 percent, respectively, above the corresponding rates for ID/LAH waiver participants in these regions (3.8 percent and 6.5 percent, respectively), as illustrated in the tables below.

Region 1	**ID/LAH Waivers**	**CWP**
Total PCPs	1,473	62
Count of PCPs with Multiple Strategy Types	414	0
% of PCPs with Multiple Strategy Types	**21.9%**	**0.0%**

Region 2	**ID/LAH Waivers**	**CWP**
Total PCPs	688	84
Count of PCPs with Multiple Strategy Types	140	2
% of PCPs with Multiple Strategy Types	**16.9%**	**2.3%**

Region 3	**ID/LAH Waivers**	**CWP**
Total PCPs	835	85
Count of PCPs with Multiple Strategy Types	33	14
% of PCPs with Multiple Strategy Types	**3.8%**	**14.1%**

Region 4	**ID/LAH Waivers**	**CWP**
Total PCPs	934	40
Count of PCPs with Multiple Strategy Types	65	7
% of PCPs with Multiple Strategy Types	**6.5%**	**14.9%**

Region 5	**ID/LAH Waivers**	**CWP**
Total PCPs	992	53
Count of PCPs with Multiple Strategy Types	99	0
% of PCPs with Multiple Strategy Types	**9.1%**	**0.0%**

<table>
<tr><th>Measure</th><th>Description and Objective</th><th>Sample Population/ Comparison Group</th><th>Observations (Year Two)</th></tr>
<tr><td>M14. Allocation of spending</td><td>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

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</td><td>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)</td><td>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 7 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.

FY2023 Claims Spending Distribution by Service Category (Statewide)
<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>$1,392,134</td><td>59.1%</td><td>$357,976,623</td><td>77.9%</td></tr><tr><td>Personal Assistance</td><td>$241,821</td><td>10.3%</td><td>$46,958,464</td><td>10.2%</td></tr><tr><td>Day Habilitation</td><td>$6,619</td><td>0.3%</td><td>$25,065,297</td><td>5.5%</td></tr><tr><td>Community Integration</td><td>$488,896</td><td>20.7%</td><td>$21,709,254</td><td>4.7%</td></tr><tr><td>Group Employment</td><td>$11,746</td><td>0.5%</td><td>$2,631,537</td><td>0.6%</td></tr><tr><td>Positive Behavior Supports</td><td>$5,355</td><td>0.2%</td><td>$1,226,116</td><td>0.3%</td></tr><tr><td>Nursing</td><td>$0</td><td>0.0%</td><td>$1,085,947</td><td>0.2%</td></tr><tr><td>Transportation</td><td>$92,117</td><td>3.9%</td><td>$1,019,480</td><td>0.2%</td></tr><tr><td>Respite</td><td>$42,523</td><td>1.8%</td><td>$988,412</td><td>0.2%</td></tr><tr><td>Supported Living</td><td>$0</td><td>0.0%</td><td>$289,627</td><td>0.1%</td></tr><tr><td>Pre-Employment</td><td>$0</td><td>0.0%</td><td>$254,494</td><td>0.1%</td></tr><tr><td>Individual Employment</td><td>$35,551</td><td>1.5%</td><td>$197,692</td><td>0.0%</td></tr><tr><td>Therapies</td><td>$3,466</td><td>0.1%</td><td>$112,507</td><td>0.0%</td></tr><tr><td>Assistive Technology</td><td>$29,686</td><td>1.3%</td><td>$61,365</td><td>0.0%</td></tr><tr><td>UNKNOWN</td><td>$0</td><td>0.0%</td><td>$13,698</td><td>0.0%</td></tr><tr><td>Housing Supports/ Home Modif.</td><td>$0</td><td>0.0%</td><td>$10,648</td><td>0.0%</td></tr><tr><td>Remote Supports</td><td>$6,605</td><td>0.3%</td><td>$1,190</td><td>0.0%</td></tr><tr><td>Total Spending</td><td>$2,356,520</td><td></td><td>$459,602,351</td><td></td></tr></table></td></tr>
</table>

As the following tables illustrate, the proportion of service categories utilized by CWP and ID/LAH waiver participants varied by Region. For example, CWP participants in Regions 1, 2, and 4 utilized less than half of the service categories (compared to 65 percent or more of ID/LAH waiver participants in the same regions). CWP participants in Regions 3 and 5 utilized 53 percent of the services (compared to 59 percent in Region 3 and 65 percent in Region 5 among ID/LAH waiver participants.

FY2023 Claims Spending Distribution by Service Category (Region 1)

Service Category	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total
Residential	$0	0.0%	$67,517,799	80.1%
Personal Assistance	$59,297	17.7%	$7,675,410	9.1%
Day Habilitation	$0	0.0%	$750,470	0.9%
Community Integration	$189,442	56.5%	$6,272,494	7.4%
Group Employment	$0	0.0%	$1,419,826	1.7%
Positive Behavior Supports	$0	0.0%	$27,934	0.0%
Nursing	$0	0.0%	$55,117	0.1%
Transportation	$61,885	18.5%	$265,405	0.3%
Respite	$16,560	4.9%	$266,166	0.3%
Supported Living	$0	0.0%	$0	0.0%
Pre-Employment	$0	0.0%	$0	0.0%
Individual Employment	$1,360	0.4%	$70,216	0.1%
Therapies	$0	0.0%	$0	0.0%
Assistive Technology	$5,424	1.6%	$10,228	0.0%
UNKNOWN	$0	0.0%	$0	0.0%
Housing Supports/ Home Modif.	$0	0.0%	$0	0.0%
Remote Supports	$1,195	0.4%	$0	0.0%
Total Spending	**$335,163**		**$84,331,067**	

FY2023 Claims Spending Distribution by Service Category (Region 2)

Service Category	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total
Residential	$367,108	74.3%	$36,324,548	74.3%
Personal Assistance	$22,463	4.5%	$6,812,604	13.9%
Day Habilitation	$0	0.0%	$1,404,062	2.9%
Community Integration	$61,540	12.5%	$3,466,687	7.1%
Group Employment	$9,186	1.9%	$446,585	0.9%
Positive Behavior Supports	$0	0.0%	$23,388	0.0%
Nursing	$0	0.0%	$54,152	0.1%
Transportation	$6,450	1.3%	$209,160	0.4%
Respite	$5,080	1.0%	$111,005	0.2%
Supported Living	$0	0.0%	$0	0.0%
Pre-Employment	$0	0.0%	$1,249	0.0%
Individual Employment	$19,429	3.9%	$36,676	0.1%
Therapies	$0	0.0%	$0	0.0%
Assistive Technology	$2,951	0.6%	$22,553	0.0%
UNKNOWN	$0	0.0%	$0	0.0%
Housing Supports/ Home Modif.	$0	0.0%	$0	0.0%
Remote Supports	$0	0.0%	$0	0.0%
Total Spending	**$494,207**		**$48,912,668**	

FY2023 Claims Spending Distribution by Service Category (Region 3)

Service Category	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total
Residential	$636,606	74.0%	$61,107,082	82.6%
Personal Assistance	$105,345	12.2%	$7,324,359	9.9%
Day Habilitation	$0	0.0%	$2,782,184	3.8%
Community Integration	$76,140	8.8%	$1,096,252	1.5%
Group Employment	$0	0.0%	$0	0.0%
Positive Behavior Supports	$2,520	0.3%	$483,619	0.7%
Nursing	$0	0.0%	$858,412	1.2%
Transportation	$8,341	1.0%	$66,485	0.1%
Respite	$17,736	2.1%	$284,528	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	$643	0.1%	$3,011	0.0%
Assistive Technology	$9,908	1.2%	$0	0.0%
UNKNOWN	$0	0.0%	$13,698	0.0%
Housing Supports/ Home Modif.	$0	0.0%	$0	0.0%
Remote Supports	$3,486	0.4%	$0	0.0%
Total Spending	**$860,725**		**$74,019,631**	

FY2023 Claims Spending Distribution by Service Category (Region 4)

Service Category	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total
Residential	$190,781	62.3%	$37,923,070	80.9%
Personal Assistance	$36,638	12.0%	$5,176,725	11.0%
Day Habilitation	$0	0.0%	$3,108,964	6.6%
Community Integration	$61,463	20.1%	$300,530	0.6%
Group Employment	$0	0.0%	$5,088	0.0%
Positive Behavior Supports	$0	0.0%	$101,873	0.2%
Nursing	$0	0.0%	$68,901	0.1%
Transportation	$872	0.3%	$46,026	0.1%
Respite	$3,146	1.0%	$0	0.0%
Supported Living	$0	0.0%	$0	0.0%
Pre-Employment	$0	0.0%	$131,270	0.3%
Individual Employment	$0	0.0%	$0	0.0%
Therapies	$0	0.0%	$0	0.0%
Assistive Technology	$11,404	3.7%	$582	0.0%
UNKNOWN	$0	0.0%	$0	0.0%
Housing Supports/ Home Modif.	$0	0.0%	$823	0.0%
Remote Supports	$1,924	0.6%	$0	0.0%
Total Spending	**$306,226**		**$46,863,853**	

Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Two)
			FY2023 Claims Spending Distribution by Service Category (Region 5)

Service Category	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total
Residential	$197,640	54.9%	$46,743,393	79.6%
Personal Assistance	$18,079	5.0%	$4,719,738	8.0%
Day Habilitation	$6,619	1.8%	$2,807,351	4.8%
Community Integration	$100,312	27.8%	$3,378,070	5.8%
Group Employment	$2,560	0.7%	$502,488	0.9%
Positive Behavior Supports	$2,835	0.8%	$312,716	0.5%
Nursing	$0	0.0%	$3,307	0.0%
Transportation	$14,569	4.0%	$70,606	0.1%
Respite	$0	0.0%	$60,567	0.1%
Supported Living	$0	0.0%	$0	0.0%
Pre-Employment	$0	0.0%	$64,440	0.1%
Individual Employment	$14,762	4.1%	$0	0.0%
Therapies	$2,823	0.8%	$80,867	0.1%
Assistive Technology	$0	0.0%	$0	0.0%
UNKNOWN	$0	0.0%	$0	0.0%
Housing Supports/ Home Modif.	$0	0.0%	$0	0.0%
Remote Supports	$0	0.0%	$0	0.0%
Total Spending	**$360,198**		**$58,743,542**	

M15. Service utilization	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 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	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)	Among the same 17 service categories reported in M14 above, CWP participants were more likely to participate in a wider range of service categories than ID/LAH participants.

FY2023 Count of Participants Utilizing Each Service Category (Statewide)

Service Category	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total
Residential	18	12.8%	3,102	63.8%
Personal Assistance	56	39.7%	1,039	21.4%
Day Habilitation	1	0.7%	2,156	44.4%
Community Integration	91	64.5%	1,615	33.2%
Group Employment	3	2.1%	146	3.0%
Positive Behavior Supports	4	2.8%	599	12.3%
Nursing	0	0.0%	58	1.2%
Transportation	50	35.5%	612	12.6%
Respite	21	14.9%	108	2.2%
Supported Living	0	0.0%	6	0.1%
Pre-Employment	0	0.0%	48	1.0%
Individual Employment	8	5.7%	105	2.2%
Therapies	4	2.8%	71	1.5%
Assistive Technology	29	20.6%	52	1.1%
UNKNOWN	0	0.0%	7	0.1%
Housing Supports/ Home Modif.	0	0.0%	4	0.1%
Remote Supports	8	5.7%	14	0.3%
Total Spending	**141**		**4,860**	

FY2023 Count of Participants Utilizing Each Service Category (Region 1)

Service Category	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total
Residential	0	0.0%	514	70.3%
Personal Assistance	7	20.6%	164	22.4%
Day Habilitation	0	0.0%	76	10.4%
Community Integration	27	79.4%	291	39.8%
Group Employment	0	0.0%	43	5.9%
Positive Behavior Supports	0	0.0%	11	1.5%
Nursing	0	0.0%	2	0.3%
Transportation	24	70.6%	131	17.9%
Respite	4	11.8%	20	2.7%
Supported Living	0	0.0%	0	0.0%
Pre-Employment	0	0.0%	0	0.0%
Individual Employment	1	2.9%	57	7.8%
Therapies	0	0.0%	0	0.0%
Assistive Technology	4	11.8%	10	1.4%
UNKNOWN	0	0.0%	0	0.0%
Housing Supports/ Home Modif.	0	0.0%	0	0.0%
Remote Supports	2	5.9%	2	0.3%
Total Spending	**34**		**731**	

FY2023 Count of Participants Utilizing Each Service Category (Region 2)

Service Category	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total
Residential	5	21.7%	278	57.9%
Personal Assistance	5	21.7%	161	33.5%
Day Habilitation	0	0.0%	185	38.5%
Community Integration	13	56.5%	224	46.7%
Group Employment	2	8.7%	43	9.0%
Positive Behavior Supports	0	0.0%	25	5.2%
Nursing	0	0.0%	3	0.6%
Transportation	7	30.4%	117	24.4%
Respite	4	17.4%	15	3.1%
Supported Living	0	0.0%	0	0.0%
Pre-Employment	0	0.0%	1	0.2%
Individual Employment	3	13.0%	11	2.3%
Therapies	0	0.0%	0	0.0%
Assistive Technology	2	8.7%	15	3.1%
UNKNOWN	0	0.0%	0	0.0%
Housing Supports/ Home Modif.	0	0.0%	1	0.2%
Remote Supports	0	0.0%	2	0.4%
Total Spending	**23**		**480**	

FY2023 Count of Participants Utilizing Each Service Category (Region 3)

Service Category	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total
Residential	8	21.1%	462	69.1%
Personal Assistance	22	57.9%	149	22.3%
Day Habilitation	0	0.0%	229	34.2%
Community Integration	18	47.4%	72	10.8%
Group Employment	0	0.0%	0	0.0%
Positive Behavior Supports	2	5.3%	223	33.3%
Nursing	0	0.0%	38	5.7%
Transportation	8	21.1%	56	8.4%
Respite	11	28.9%	39	5.8%
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	1	2.6%	4	0.6%
Assistive Technology	13	34.2%	0	0.0%
UNKNOWN	0	0.0%	7	1.0%
Housing Supports/ Home Modif.	0	0.0%	0	0.0%
Remote Supports	2	5.3%	0	0.0%
Total Spending	**38**		**669**	

FY2023 Count of Participants Utilizing Each Service Category (Region 4)

Service Category	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total
Residential	3	12.0%	297	63.3%
Personal Assistance	15	60.0%	98	20.9%
Day Habilitation	0	0.0%	293	62.5%
Community Integration	16	64.0%	138	29.4%
Group Employment	0	0.0%	3	0.6%
Positive Behavior Supports	0	0.0%	41	8.7%
Nursing	0	0.0%	7	1.5%
Transportation	5	20.0%	43	9.2%
Respite	2	8.0%	0	0.0%
Supported Living	0	0.0%	0	0.0%
Pre-Employment	0	0.0%	10	2.1%
Individual Employment	0	0.0%	0	0.0%
Therapies	0	0.0%	0	0.0%
Assistive Technology	10	40.0%	2	0.4%
UNKNOWN	0	0.0%	0	0.0%
Housing Supports/ Home Modif.	0	0.0%	1	0.2%
Remote Supports	1	4.0%	1	0.2%
Total Spending	**25**		**469**	

Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Two)

FY2023 Count of Participants Utilizing Each Service Category (Region 5)

Service Category	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total
Residential	2	10.0%	462	77.1%
Personal Assistance	7	35.0%	82	13.7%
Day Habilitation	1	5.0%	227	37.9%
Community Integration	17	85.0%	223	37.2%
Group Employment	1	5.0%	42	7.0%
Positive Behavior Supports	2	10.0%	171	28.5%
Nursing	0	0.0%	2	0.3%
Transportation	6	30.0%	33	5.5%
Respite	0	0.0%	4	0.7%
Supported Living	0	0.0%	0	0.0%
Pre-Employment	0	0.0%	19	3.2%
Individual Employment	4	20.0%	0	0.0%
Therapies	3	15.0%	48	8.0%
Assistive Technology	0	0.0%	0	0.0%
UNKNOWN	0	0.0%	0	0.0%
Housing Supports/ Home Modif.	0	0.0%	0	0.0%
Remote Supports	2	10.0%	0	0.0%
Total Spending	**20**		**599**	

Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Two)
Goal 4: Prevention of escalation of needs of participants			
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? **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.			
M16. Individuals who experience a documented crisis	Percentage of individuals who experience a documented crisis compared to the percentage in the ID and LAH waivers A key objective of the CWP is to reduce the number of crises that individuals experience; this measure assesses incidence of crises	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)	This measure is not reported for demonstration year 2 because additional development of the information system infrastructure is required to report the necessary data in a valid and reliable manner.
M17. Crises experienced by individuals	Number of crises per individual A key objective of the CWP is to reduce the number of crises that individuals experience; this measure assesses the recurrence of crises	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)	This measure is not reported for demonstration year 2 because additional development of the information system infrastructure is required to report the necessary data in a valid and reliable manner.

<table>
<tr><th>Measure</th><th>Description and Objective</th><th>Sample Population/ Comparison Group</th><th>Observations (Year Two)</th></tr>
<tr><td>M18. Emergency enrollments due to crises</td><td>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

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</td><td>Individuals on waitlist in CWP counties; comparisons made to individuals on waitlist in remainder of counties where CWP is not available</td><td>For this first report of M18 data, the evaluation team made a modification to the original methodology for calculating this measure. The previous methodology defined the numerator as the number of emergency enrollments and the denominator as the number of individuals on the waiting list for the ID/LAH waivers or CWP. However, the State does not maintain waitlist records by waiver; the waitlist is managed globally and participants are assigned to the available waiver based on their needs.

Therefore, the revised methodology redefines the denominator as the total count of enrollments (regardless of waiver), with no change to the numerator. Based on the revised methodology, emergency enrollments constituted a much 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, 30.9 percent of enrollments in non-CWP counties were due to an emergency reason (such as loss of a caregiver) compared to only 8.3 percent of enrollments in CWP counties.

<table>
<tr><th></th><th>CWP Counties</th><th>Non-CWP Counties</th></tr>
<tr><td>Emergency Enrollments</td><td>9</td><td>21</td></tr>
<tr><td>Total Enrollments</td><td>108</td><td>68</td></tr>
<tr><td>Pct of Total Enrollments</td><td>8.3%</td><td>30.9%</td></tr>
</table>
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Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Two)
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	This measure is not reported for Year 2 as there were no participants enrolled in Group 5.

<table>
<tr><th>Measure</th><th>Description and Objective</th><th>Sample Population/ Comparison Group</th><th>Observations (Year Two)</th></tr>
<tr><td colspan="4">Goal 5: Increased stability and quality of providers</td></tr>
<tr><td colspan="4">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.</td></tr>
<tr><td>M20. Average hourly wages of direct support workers</td><td>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</td><td>DSWs employed through a self-directed model in the CWP; comparison made to agency-employed DSWs in the CWP</td><td>Average hourly wages for direct support workers (DSWs) delivering self-directed services were nearly $4 per hour higher than DSWs who delivered waiver services when employed by agency providers.
<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>DSW Average Wage</td><td>$19.02</td><td>$15.27</td></tr></table></td></tr>
<tr><td>M21. Average turnover rates of direct support workers (DSWs)</td><td>Average turnover rate 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 assess turnover</td><td>DSWs employed through a self-directed model in the CWP; comparison made to agency-employed DSWs in the CWP</td><td>Average turnover rates for direct support workers (DSWs) delivering self-directed services were about 18 percentage points lower than turnover rates among DSWs employed by agency providers.
<table><tr><th colspan="3">Average Turnover Rates Among DSWs Serving CWP Participants Through Self-Directed or Agency-Based Service Models</th></tr><tr><th></th><th>Self-Directed</th><th>Agency</th></tr><tr><td>DSW Turnover Rate</td><td>20.0%</td><td>37.5%</td></tr></table></td></tr>
</table>

<table>
<tr><th>Measure</th><th>Description and Objective</th><th>Sample Population/ Comparison Group</th><th>Observations (Year Two)</th></tr>
<tr><td colspan="4">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?
Hypothesis 5b: The Community Waiver Program will result in participating provider agencies reporting greater organizational stability compared to ID and LAH waiver providers.</td></tr>
<tr><td>M22. Self-reported provider agency stability</td><td>Percent of CWP providers that self-report greater organizational stability
A key objective of the CWP is to increase organizational stability for participating providers</td><td>Agencies enrolled in the CWP; comparison made to agencies that provide ID and LAH waiver services, but not CWP services</td><td>Baseline survey background
The baseline provider stability survey was administered to CWP and ID/LAH providers near launch of the CWP. Given CWP person enrollment ramp up was still occurring, some survey data is skewed by a lack of time or experience serving CWP participants or is not yet meaningful for comparing results to ID/LAH providers. The evaluation team has selected measurements for this report that reflect valuable baseline data to which future survey results will be compared and trended. Accordingly, some data that was collected as part of the baseline is not incorporated in this report.
Survey Participation
In total, 43 providers participated in the survey. Twenty-one CWP providers and 22 ID/LAH providers completed the survey.
CWP and ID/LAH providers: 18
ID/LAH only providers: 16
CWP only providers: 9
Outcomes
Providers were asked to self-assess the extent to which their agencies were stable. As the following table illustrates, all CWP-only providers reported that their agencies were stable, compared to only 57 percent of ID/ LAH providers.
<table><tr><th></th><th>% Strongly/ Somewhat Agree</th><th>% Strongly/ Somewhat Disagree</th></tr><tr><td>All Respondents</td><td>75%</td><td>18%</td></tr><tr><td>CWP and ID/LAH</td><td>78%</td><td>17%</td></tr><tr><td>ID/LAH Only</td><td>57%</td><td>29%</td></tr><tr><td>CWP Only</td><td>100%</td><td></td></tr></table>
CWP-only providers also reported better overall financial health than ID/LAH providers, as illustrated in the following table. As the table demonstrates, 86 percent of CWP-only</td></tr>
</table>

<table>
<tr><th>Measure</th><th>Description and Objective</th><th>Sample Population/ Comparison Group</th><th>Observations (Year Two)</th></tr>
<tr><td></td><td></td><td></td><td>providers rated their financial health as good, very good, or excellent, compared to only 46 percent of ID/LAH providers.

<table><tr><th></th><th>% Good, Very Good, or Excellent</th><th>% Poor or Fair</th></tr><tr><td>All Respondents</td><td>63%</td><td>37%</td></tr><tr><td>CWP and ID/LAH</td><td>67%</td><td>33%</td></tr><tr><td>ID/LAH Only</td><td>46%</td><td>54%</td></tr><tr><td>CWP Only</td><td>86%</td><td>14%</td></tr></table></td></tr>
<tr><td>M23. Provider stability indicators</td><td>Percent of providers demonstrating improvement in organizational stability indicators compared to ID and LAH waiver providers

A key objective of the CWP is to increase organizational stability for participating providers</td><td>Agencies enrolled in the CWP; comparison made to agencies that provide ID and LAH waiver services, but not CWP services</td><td>Turnover and Days to Fill Vacancies
ID/LAH providers reported a baseline turnover rate among DSW Supervisory staff that was more than 14 percentage points higher than CWP providers in the CWP counties, while CWP DSWs were almost 8% more likely to turnover than their ID/LAH counterparts.
<table><tr><th></th><th colspan="2">Average Turnover</th></tr><tr><th></th><th>CWP Providers</th><th>ID/LAH Providers</th></tr><tr><td>Senior Leadership</td><td>2.6%</td><td>1.5%</td></tr><tr><td>DSW Supervisors</td><td>0.0%</td><td>14.1%</td></tr><tr><td>DSWs</td><td>34.1%</td><td>26.4%</td></tr><tr><td>Clinicians</td><td>0.0%</td><td>7.5%</td></tr><tr><td colspan="3"></td></tr></table>Although CWP providers reported DSW turnover rates that were higher than ID/LAH providers, they also reported greater efficiencies in filling vacancies. As the table below illustrates, CWP providers reported an average of 214 days to fill DSW vacancies, compared to 607 days for ID/LAH providers. CWP providers reported similar efficiencies compared to ID/LAH providers in filling senior leadership, DSW supervisors, and clinician vacancies.</td></tr>
</table>

Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Two)

Average Days to Fill Vacancies		
	CWP Providers	ID/LAH Providers
Senior Leadership	23	34
DSW Supervisors	25	48
DSWs	214	607
Clinicians	85	98

Providers were asked to identify the primary reasons staff turned over during the reporting period. There were no observable differences in the primary reasons providers reported for turnover. Low pay and heavy workloads were the top cited reasons across all programs and position types.

Key Financial Measures

Days Cash on Hand

As illustrated in the table below, CWP-only providers reported having an average of 104 days 'cash on hand', representing the number of days a provider could cover their average daily operating costs with cash and cash equivalents in the provider's financial reserves. ID/LAH providers reported an average of 90 days. Providers who delivered services to both CWP and ID/LAH also had a more favorable position, with an average of 216 days cash on hand.

	Average Days Cash on Hand
All Respondents	148
CWP and ID/LAH	216
ID/LAH Only	90
CWP Only	104

Current Ratio

The current ratio measures the relative proportion of current assets (such as cash, accounts receivable, and supplies) to current liabilities (such as short-term debts and other accounts payable). CWP providers reported an average current ratio of 1.5 (meaning their current asset value was 1.5 times higher than their current liabilities). ID/LAH providers reported much higher current ratios averaging 10.4, as illustrated in

<table>
<tr><th>Measure</th><th>Description and Objective</th><th>Sample Population/ Comparison Group</th><th>Observations (Year Two)</th></tr>
<tr><td></td><td></td><td></td><td>the following table. We will be monitoring this to see if this becomes a trend and will explore it further in Year 3.

<table><tr><th></th><th>Average Current Ratio</th></tr><tr><td>All Respondents</td><td>6.3</td></tr><tr><td>CWP and ID/LAH</td><td>6.6</td></tr><tr><td>ID/LAH Only</td><td>10.4</td></tr><tr><td>CWP Only</td><td>1.5</td></tr></table></td></tr>
</table>

<table>
<tr><th>Measure</th><th>Description and Objective</th><th>Sample Population/ Comparison Group</th><th>Observations (Year Two)</th></tr>
<tr><td colspan="4">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.</td></tr>
<tr><td>M24. Independent accreditation</td><td>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</td><td>Agencies enrolled in the CWP; comparison made to agencies that provide ID and LAH waiver services, but not CWP services</td><td>Baseline data for provider accreditation as of November 1, 2022 was collected via survey in January – April 2023. Due to an insufficient number of respondents from the waiver comparison group, the state conducted extensive outreach to recruit additional ID/LAH providers. Twenty additional ID/LAH providers agreed to participate and the survey was readministered in mid-2023, garnering 45 total responses across all provider types. CWP providers, whether as CWP only or CWP/ID/LAH providers, are almost twice as likely as ID/LAH only providers to be nationally accredited.
<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>10</td><td>7</td><td>3</td><td>30.0%</td></tr>
<tr><td>ID/LAH Only</td><td>18</td><td>15</td><td>3</td><td>16.7%</td></tr>
<tr><td>Both CWP and ID/LAH</td><td>17</td><td>12</td><td>5</td><td>29.4%</td></tr>
<tr><td>Total</td><td>45</td><td>34</td><td>11</td><td>24.4%</td></tr>
</table>
</td></tr>
</table>

Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Two)
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	NCI data for year one of the demonstration did not offer an adequate number of CWP participants to be valid and reliable. The state changed the NCI sampling process for CY2023 to address this; however, the NCI data for year two of the demonstration was not complete and available for analysis and reporting in this annual report. Results for Year 2 will be available in the second quarter of Year 3.
M26. Critical Incidents	Number of critical incidents attributable to CWP providers in relation to total enrolled individuals compared to ID and LAH waiver providers A key objective of the CWP is to increase the quality of services; this measure assesses the number of critical incidents	Providers enrolled in CWP as compared to providers enrolled in only ID and LAH Waivers	This measure is not reported for Year 2 because additional development of the information system infrastructure is required to report the necessary data in a valid and reliable manner.

Measure	Description and Objective	Sample Population/ Comparison Group	Observations (Year Two)
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	The turnover rate for support coordinators in the CWP compared to those in the ID and LAH waivers A key objective of the CWP is to increase the quality of support coordination services; this measure assesses turnover	Support coordinators in the CWP program; comparison made to support coordinators in the ID and LAH waivers	In reviewing data reports for M27 and M28, some discrepancies raised questions about the accuracy and consistency of the administrative data. HMA and the State have identified opportunities to validate the available information, including review of employment data from both the ID/LAH and CWP programs. We are collecting and reviewing this additional data, as well as revising some factors in our queries, and plan to report on these two measures for DY2 in the quarterly monitoring report presented in quarter two of DY3.
M28. Continuity of support coordinators	Percentage of CWP participants who maintain the same support coordinator during the evaluation year compared to ID and LAH waivers 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	Enrollees in the CWP; comparison made to enrollees in the ID and LAH waivers	In reviewing data reports for M27 and M28, some discrepancies raised questions about the accuracy and consistency of the administrative data. HMA and the State have identified opportunities to validate the available information, including review of employment data from both the ID/LAH and CWP programs. We are collecting and reviewing this additional data, as well as revising some factors in our queries, and plan to report on these two measures for DY2 in the quarterly monitoring report presented in quarter two of DY3.

<table>
<tr><th>Measure</th><th>Description and Objective</th><th>Sample Population/ Comparison Group</th><th>Observations (Year Two)</th></tr>
<tr><td>M29. Individual satisfaction with support coordination services</td><td>Average rate of individuals' satisfaction with support coordination services compared to satisfaction 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 individuals' satisfaction with support coordination services</td><td>Surveying individuals in the CWP; comparison made to surveyed individuals in the ID and LAH waivers</td><td>For demonstration year one (DY1), across all three waivers, adult participants reported high levels of satisfaction with support coordination services, with mean scores between 4.3 and 5 (5=Strongly Agree) across all survey items. In terms of overall satisfaction, satisfaction was high, and there was very little difference between the three waivers. The differences were not statistically significant.
Adult Participants' Overall Satisfaction with Support Coordination Services<table><tr><th>Waiver</th><th>Mean</th><th>Number of Respondents</th></tr><tr><td>CWP</td><td>4.58</td><td>26</td></tr><tr><td>LAH</td><td>4.72</td><td>104</td></tr><tr><td>ID</td><td>4.74</td><td>132</td></tr></table>For one measure, satisfaction among CWP participants was statistically significantly lower: "My support coordinator is available to work with me when I need them."
There were not enough responses from teens and youth to provide analyses.
Survey responses for DY2 are still being analyzed and will be reported during the second quarter of DY3.</td></tr>
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<table>
<tr><th>Measure</th><th>Description and Objective</th><th>Sample Population/ Comparison Group</th><th>Observations (Year Two)</th></tr>
<tr><td>M30. Family/guardian satisfaction with support coordination services</td><td>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</td><td>Surveying families/ guardians in the CWP; comparison made to surveyed families/ guardians in the ID and LAH waivers</td><td>For demonstration year one (DY1), across all three waivers, family members/ guardians of adult participants reported high levels of satisfaction with support coordination services, with mean scores between 4.2 and 5 (5=Strongly Agree) across all survey items. In terms of overall satisfaction, satisfaction was high, and there was very little difference between the three waivers. The differences were not statistically significant.

Family Members'/Guardians' Overall Satisfaction with Support Coordination Services
<table><tr><th>Waiver</th><th>Mean</th><th>Number of Respondents</th></tr><tr><td>CWP</td><td>4.41</td><td>22</td></tr><tr><td>LAH</td><td>4.55</td><td>186</td></tr><tr><td>ID</td><td>4.69</td><td>84</td></tr></table>
On other measures of satisfaction with support coordination services, there were no statistically significant differences between the CWP and LAH waivers. For one measure, satisfaction among CWP participants was statistically significantly lower than for the ID waiver: "Our support coordinator helps my family member with non-waiver supports (for example - school, vocational rehabilitation services, mental health and medical care)."

There were not enough responses from family members and guardians of teens and youth to provide analyses.

Survey responses for DY2 are still being analyzed and will be reported during the second quarter of DY3.</td></tr>
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