DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850

State Demonstrations Group

December 6, 2022

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

Dear Ms. Azar:

The Centers for Medicare & Medicaid Services (CMS) completed its review of the Evaluation Design, which is required by the Special Terms and Conditions (STCs), specifically, STC #48 of Alabama's section 1115 demonstration, "Alabama Community Waiver Program" (Project No: 11-W-00365/4), effective through September 30, 2026. CMS has determined that the Evaluation Design, which was submitted on April 21, 2022 and revised on August 23, 2022, meets the requirements set forth in the STCs and our evaluation design guidance, and therefore, approves the state's Evaluation Design.

CMS has added the approved Evaluation Design to the demonstration's STCs as Attachment C. A copy of the STCs, which includes the new attachment, is enclosed with this letter. In accordance with 42 CFR 431.424, the approved Evaluation Design may now be posted to the state's Medicaid website within thirty days. CMS will also post the approved Evaluation Design as a standalone document, separate from the STCs, on Medicaid.gov.

Please note that an Interim Evaluation Report, consistent with the approved Evaluation Design, is due to CMS one year prior to the expiration of the demonstration, or at the time of the extension application, if the state chooses to extend the demonstration. Likewise, a Summative Evaluation Report, consistent with this approved design, is due to CMS within 18 months of the end of the demonstration period. In accordance with 42 CFR 431.428 and the STCs, we look forward to receiving updates on evaluation activities in the demonstration monitoring reports.

We appreciate our continued partnership with Alabama on the Community Waiver Program section 1115 demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

Danielle Daly -S
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Date: 2022.12.06 08:08:26 -05'00'

Danielle Daly
Director
Division of Demonstration Monitoring and Evaluation

cc: Rita Nimmons, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

HMA

HEALTH MANAGEMENT ASSOCIATES

Alabama Community Waiver Program Demonstration Evaluation Design

PREPARED FOR

ALABAMA MEDICAID AGENCY

ALABAMA DEPARTMENT OF MENTAL HEALTH

AUTHORED BY

SHARON LEWIS
STEPHEN PAWLOWSKI
MARCI EADS, PHD
MARCEY ALTER
RAISA ALAM

AUGUST 19, 2022

Research and Consulting in the Fields of Health and Human Services Policy, Health Economics and Finance, Program Evaluation, Data Analysis, and Health System Restructuring

Table of Contents

Part A. General Background Information ... 1
Overview of the Issues Addressed by the Section 1115 Demonstration ... 1
Brief Description of the Demonstration and Its History ... 2
Populations Impacted by the Demonstration ... 3
Part B. Evaluation Questions and Hypotheses ... 5
Driver Diagram ... 8
Hypotheses About the Outcomes of the Demonstration ... 10
Part C. Methodology ... 11
Overview of Evaluation Design ... 11
Target and Comparison Populations ... 11
Evaluation Period ... 11
Evaluation Measures ... 12
Table 1. Evaluation Questions, Hypotheses and Measures ... 13
Data Sources ... 36
Analytic Methods ... 37
Part D. Methodological Limitations ... 39
Part E. Attachments ... 40
Attachment 1 — Independent Evaluator ... 40
Attachment 2 — Evaluation Budget ... 41
Attachment 3 —Timeline and Major Milestones ... 42

Part A. General Background Information

The Alabama Medicaid Agency (Alabama Medicaid), working closely with the Alabama Department of Mental Health (ADMH) and its Division of Developmental Disabilities (DDD) has created a new home and community-based services (HCBS) program serving individuals with intellectual disabilities (ID) through the Community Waiver Program (CWP), a Section 1115(a) Demonstration [Project Number 11-W-00365/4] authorized concurrent to a new Section 1915(c) waiver [AL 1746]. The CWP demonstration was approved on October 21, 2021; opened to enrollees on November 1, 2021; and is authorized through September 30, 2026.

The Community Waiver Program is designed to maximize the capabilities of Alabamians with intellectual disabilities, supporting their full participation in their communities, improving opportunities for integrated employment, and preserving their natural and existing living arrangements to the greatest extent possible.

Overview of the Issues Addressed by the Section 1115 Demonstration

ADMH-DDD currently supports about 5,700 Alabamians with ID through two 1915(c) waiver programs: the HCBS Waiver for Persons with Intellectual Disabilities (ID waiver) waiver and the HCBS Living at Home Waiver for Persons with Intellectual Disabilities (LAH waiver). Waiver enrollees report very high satisfaction levels; according to the sample of individuals participating in the 2018-19 National Core Indicators survey, 93 percent of service recipients reported they were satisfied with the services and supports they receive to live a good life, compared to 92 percent nationally.[1]

However, ADMH-DDD faces a number of challenges in serving people with ID, leading to the development of the demonstration, including:

- **High per-person costs.** Based on data from fiscal year 2018, Alabama's average per-person cost of waiver services was the fourth highest in the country, 95 percent greater than the national average for intellectual and developmental disabilities (I/DD) HCBS waivers.[2]
- **Long waitlists.** As of 2021, there were more than 1,600 individuals on a waiting list compared to about 5,700 individuals receiving services. Of 43 states reporting waiting list information for people with I/DD in 2018, Alabama had the seventh highest proportion of waiver applicants on a waiting list. [3]
- **Disproportionate spending on residential habilitation.** Provider-controlled residential services account for more than three-quarters of total waiver spending for Alabamians with ID. In 2018, only 44 percent of Alabama waiver enrollees with intellectual disabilities lived in their own or family homes compared to 70 percent nationally.[4]

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[1] "Alabama - State Report: 2018-19," National Core Indicators®-IDD, Human Services Research Institute (HSRI) and the National Association of State Directors of Developmental Disabilities Services (NASDDDS), last modified 2020, https://www.nationalcoreindicators.org/upload/core-indicators/AL_IPS_state_508.pdf

[2] Larson, S.A., van der Salm, B., Pettingell, S., Sowers, M., & Anderson, L.L., (2021). *Long-term supports and services for persons with intellectual or developmental disabilities: Status and trends through 2018*. Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration, 68 (Table 2.6).

[3] Larson, 61 (Table 2.1).

[4] Larson, 39 (Table 1.4 and Table 1.5).

- **A substantial reliance on facility-based day habilitation services.** In 2019, 88 percent of ID and LAH waiver enrollees participated in facility-based day services, compared to the national average of 54 percent.[5] At the same time, spending on integrated employment services represented only 2.4 percent of total day and employment expenditures.[6]
- **Poor employment outcomes for people with intellectual disabilities.** In the 2018-19 NCI-IDD survey, Alabama reported that only 10 percent of waiver participants had a paid community job.[7] However, 42 percent of the state's NCI-IDD survey respondents who do not have a paid community job, report they would like one.[8]
- **Challenges in supporting families.** In 2019, Alabama was ranked 46th in terms of keeping families together when a family includes an individual with an intellectual disability.[9] This has meant that many individuals with ID and their families may experience crises that could otherwise be avoided with timely access to an appropriate array of HCBS.

Brief Description of the Demonstration and Its History

In response to these challenges, after a round of regional stakeholder listening sessions, in July 2020 ADMH-DDD proposed a new demonstration program under Section 1115(a) authority with a concurrent Section 1915(c) waiver, which was approved by CMS in October 2021. Key elements of these authorities, collectively referred to as the Community Waiver Program (CWP), include:

- Limiting initial enrollment to 500 individuals in 11 pilot counties and restricting voluntary transfers from other 1915(c) waivers until at least twenty-four months into the demonstration. (Relies on a waiver of Statewideness, Section 1902(a)(1), enabling Alabama to limit geographic enrollment.)
- Establishing four distinct enrollment groups for individuals who meet institutional level-of-care criteria, each with a different expenditure limit and array of available services targeted to their needs. (Relies on a waiver of Comparability, Section 1902(a)(17), enabling Alabama to establish annual expenditure caps; and waiver of Amount, Duration, and Scope, Section 1902(a)(10)(B), enabling Alabama to offer a different package of services and/or the same services with different amounts, durations, and/or scopes to the different enrollment groups.)
- Providing flexibility to enroll individuals based upon priority categories and geography. (Relies on a waiver of Reasonable Promptness, Section 1902(a)(8), enabling Alabama to reallocate the overall

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[5] Statedata.info. (2022). *State IDD Agencies. Alabama, U.S. Total: Percentage of total funding to integrated employment.* Retrieved 03/18/2022 from http://www.statedata.info/data/showchart/353579

[6] Statedata.info. (2022). *State IDD Agencies. Alabama, U.S. Total: Facility-based work percentage.* Retrieved 03/18/2022 from https://www.statedata.info/data/showchart/511067 and *Alabama, U.S. Total: Facility-based non-work percentage.* Retrieved 03/18/2022 from https://www.statedata.info/data/showchart/859078

[7] "Alabama - State Report: 2018-19," National Core Indicators®-IDD, Human Services Research Institute (HSRI) and the National Association of State Directors of Developmental Disabilities Services (NASDDDS), last modified 2020, https://www.nationalcoreindicators.org/upload/core-indicators/AL_IPS_state_508.pdf, page 33.

[8] "Alabama - State Report: 2018-19," National Core Indicators®-IDD, Human Services Research Institute (HSRI) and the National Association of State Directors of Developmental Disabilities Services (NASDDDS), last modified 2020, https://www.nationalcoreindicators.org/upload/core-indicators/AL_IPS_state_508.pdf, page 35.

[9] The Case for Inclusion, UCP, ANCOR Foundation. (2019) https://caseforinclusion.org/application/files/5716/4660/2408/Case_for_Inclusion_2019.pdf, page 19.

annual unduplicated available slots between the four 1915(c) waiver enrollment groups and the expenditure authority group as well as between regions.)

- Allowing for one enrollment group in the demonstration for adults who do not meet institutional level-of-care criteria. (Provides 1115(a)(2) demonstration expenditure authority for certain individuals with intellectual disabilities who do not meet 1915(c) enrollment criteria.)
- Limiting the provider network by restricting the delivery of support coordination and creating a preferred provider program for qualified direct service providers to facilitate consistent quality implementation and to limit excess service capacity. (Relies on a waiver of Freedom of Choice, Section 1902(a)(23)(A), enabling Alabama to limit the freedom of choice of providers.)

Consistent with CMS requirements, ADMH-DDD has contracted with Health Management Associates (HMA) to conduct an independent and rigorous evaluation of the Community Waiver Program.

CMS reviewed a draft evaluation plan in late June 2022 and provided written feedback and suggestions for revisions in early July 2022, followed by a phone call to discuss the revisions in late July. These suggested revisions included providing more details about analytic plans, intended sample sizes for surveys, and descriptions of the surveys. Additionally, CMS requested that standardized measures be incorporated and that issues of health equity be an area of examination and focus, where possible. The CMS feedback was used by HMA and ADMH-DDD to strengthen the evaluation design and changes were integrated into this final Evaluation Design document.

Populations Impacted by the Demonstration

The demonstration covers Alabama beneficiaries with intellectual disabilities (ID) eligible for Medicaid through the state plan, or who would be Medicaid-eligible if they were in an institution, in addition to meeting level of care criteria of the 1915(c) waiver, or for section 1115 Group 5 participation, requiring HCBS but not meeting level of care criteria.

The Community Waiver Program covers five distinct enrollment groups: the 1915(c) waiver establishes four enrollment groups (Groups 1-4), and the section 1115 demonstration establishes one enrollment group (Group 5). Each enrollment group is based on the age of the individual, documentation of an intellectual disability, the level of care needed, and the individual's living arrangement:

- **Section 1915(c) Group 1:** Children ages 3-13 with an ID, meeting 1915(c) level of care, and living with family or other natural supports.
- **Section 1915(c) Group 2:** Transition age youth ages 14-21 with an ID, meeting 1915(c) level of care, and living with family or other natural supports or, for those ages 18-21, living independently.
- **Section 1915(c) Group 3:** Adults ages 22 and older with an ID; meeting 1915(c) level of care; and living with family or other natural supports, living independently, or having the ability to live in a non-intensive supported living arrangement.
- **Section 1915(c) Group 4:** Individuals ages 3 and over with an ID, meeting 1915(c) level of care, and unable to live with family or other natural supports, to live independently or to live in a non-intensive supported living arrangement.
- **Section 1115 Group 5:** Adults ages 22 and older with an ID, requiring HCBS but not meeting an institutional level of care, and living independently or with family or other natural supports.

Within the eleven demonstration counties across five regions, the state will enroll eligible individuals through the following priority categories:

- **Priority 1** includes individuals on the waiting list who are ages 21 and older (and therefore without access to Early and Periodic Screening, Diagnostic, and Treatment [EPSDT] or public education/special education services) with the goals of preserving their current family/independent living situation and obtaining/maintaining competitive integrated employment if under age 65.
- **Priority 2** includes individuals on the waiting list who are ages 21 and older (and therefore without access to EPSDT or public education/special education services) with the goal of preserving their current family/independent living situation.
- **Priority 3** includes individuals ages 21 and older who are not on the waiting list; (and without to EPSDT or public education/special education services) with the goals of preserving their current family/independent living situation and obtaining/maintaining competitive integrated employment if under age 65.
- **Priority 4** includes individuals ages 21 and older who are not on the waiting list (and without access to EPSDT and/or public education/special education services) with the goal of preserving their current family/independent living situation.
- **Priority 5** includes individuals on the waiting list ages 16-21 (who still have access to EPSDT and public education/special education services) with the goals of preserving their current family/independent living situation and obtaining/maintaining competitive integrated employment after high school.
- **Priority 6** includes individuals ages 16-21 who are not on the waiting list (and who still have access to EPSDT and public education/special education services) with the goals of preserving their current family/independent living situation and obtaining/maintaining competitive integrated employment after high school.

After the demonstration has been operational for at least 24 months, individuals currently receiving services under the state's two existing 1915(c) waivers for individuals with ID – the Alabama Home and Community Based Waiver for Persons with Intellectual Disabilities (ID waiver) and the Alabama HCBS Living at Home Waiver for Persons with Intellectual Disabilities (LAH waiver) – may voluntarily transition to the new Community Waiver Program 1915(c) waiver. If individuals transition from the ID or LAH waiver to the CWP, their funding and slots will transition with them into the Community Waiver Program, even if the program is at the maximum capacity specified in the Section 1915(c) waiver component of the CWP (AL.1746). Those who choose to voluntarily transfer will have choice from among the CWP services available in the enrollment group to which they transfer.

Part B. Evaluation Questions and Hypotheses

The overall aim of the CWP demonstration is to improve access to, and quality of, services and supports for Alabamians with intellectual disabilities, resulting in improved health and quality of life. Specifically, the state seeks to achieve multiple objectives:

- Improve access to services and supports, including by reducing and eventually eliminating the current waiting list for HCBS.
- Keep families together, support more integrated community living and independent living, and provide increased opportunities for self-direction.
- Adopt a strategy for delivering HCBS that aims to prevent crisis and escalation of needs for individuals with ID, including those who do not currently require an institutional level of care.
- Support the capacities of individuals with ID to contribute to their community through participation in competitive integrated employment, and in turn, also improve their financial stability.

Additionally, the purposes of Medicaid as described in Section 1901 of the Social Security Act are to "enabl[e] each State, as far as practicable under the conditions in such State, to furnish (1) medical assistance on behalf of families with dependent children and of aged, blind, or disabled individuals, whose income and resources are insufficient to meet the costs of necessary medical services, and (2) rehabilitation and other services to help such families and individuals attain or retain capability for independence or self-care." This demonstration promotes these Title XIX objectives by:

- Expanding access to medical assistance to eligible low-income individuals with intellectual disabilities, including increased access to home and community-based services;
- Improving the quality of services that help individuals with intellectual disabilities attain or maintain independence and self-care; and
- Promoting efficiencies that ensure sustainability of the program for beneficiaries over the long term.

Many of the CWP interventions would not be possible without the layered flexibilities granted by the demonstration authorities. These waivers allow the state to pursue the goals and objectives of the CWP in a manner not otherwise available through a 1915(c) waiver alone, and the 1115(a)(2) demonstration expenditure authority permits expanded coverage for the Group 5 population. The demonstration flexibilities are foundational to the design and operation of the CWP and will assist the state to implement the program. These waivers include:

- Waiver of Statewideness [Section 1902(a)(1)] allows the state to limit the geographic area of the demonstration to select counties, supporting an incremental approach that offers ample opportunity for capacity development and adjustments to the program as warranted.
- Waiver of Comparability [Section 1902(a)(17)] allows the state to establish annual expenditure caps and create enrollment groups within the 1915(c) waiver, allowing the state to reduce both the number of people waiting for services and per-person expenditures.
- Waiver of Amount, Duration, and Scope [Section 1902(a)(10)(B)] allows the state to create targeted service arrays for five different groups with distinct expenditure caps. This policy allows the state to offer more services designed to preserve natural and existing living arrangements, support community participation, and encourage competitive integrated employment, while reducing

reliance on full-time paid residential settings. Expenditure caps may also encourage participants to seek the most cost-effective supports, including self-direction.

- Waiver of Reasonable Promptness [Section 1902(a)(8)] allows the state to reallocate available slots between enrollment groups and among geographic regions, allowing the state to ensure capacity is available where it is most needed.
- Waiver of Freedom of Choice [Section 1902(a)(23)(A)] allows the state to limit choice of providers for Support Coordination and to limit the number of preferred providers for services authorized in the 1915(c) waiver in order to improve quality and capacity among providers.
- Demonstration Expenditure Authority for Population Group 5 allows the state to enroll eligible individuals with ID to receive HCBS who do not meet level-of-care criteria in order to preserve the natural and existing living arrangements of people with ID.

Building on the authorized waivers, the CWP has been designed to accomplish the following goal:

Improve access to, and quality of, services and supports for Alabamians with intellectual disabilities, resulting in improved health and quality of life, while promoting efficiencies that result in lower costs.

The primary drivers are:

- Increased access to needed services and supports
- Increased independence of participants
- Increased community integration of participants
- Prevention of escalation of needs of participants
- Increased stability and quality of providers

Secondary drivers include:

- Reduction and eventual elimination of the waiting list (increases access)
- Increase in the number of participants living in settings not owned or controlled by providers (increases independence and community integration)
- Expansion of the provision of HCBS in a careful and thoughtful way designed to ensure provider success and quality service delivery (increases provider stability and quality)
- Promote provider stability and capacity to meet population needs and manage capacity to ensure providers can be successful over time (increases access)
- Support individuals with ID to contribute to their community (increases community integration)
- Emphasize keeping families together and supporting independent living (increases independence and prevents escalation of needs)
- Increase utilization of the full range of services and supports available (increases community integration, prevents escalation of needs, and increases stability of providers)
- Reduce incidence of crises among participants (prevents escalation of needs)
- Increase satisfaction rates with support coordination among waiver enrollees and families/guardians (increases access)
- Reduce the average per-person cost of Medicaid-funded services (increases access)

Interventions include:

- Open additional waiver slots to enroll individuals on the waiting list into the waiver (increases access)
- Ensure providers bring services to people with ID and their families rather than providing services in ways that require people with ID come to those services (increases access and community integration)
- Ensure providers support participation in integrated community employment (increases independence and community integration)
- Encourage the utilization of participant-direction through expanded self-direction options and establishment of a modified budget authority for self-directed services (increases access and independence)
- Ensure support coordinators and providers adopt strategies for delivering HCBS that aim to prevent crises and prevent escalation of needs, including for individuals who do not currently require an institutional level of care (prevents escalation of needs)
- Limit the network of providers to those meeting higher qualification standards and competency requirements, and actively partner with providers to manage capacity to ensure choice (increases access, provider stability and quality)
- Limit the delivery of support coordination to select providers, maintain lower caseloads, and establish higher performance expectations (increases provider stability and quality)
- Increase incorporation of a full range of supports and services, including non-waiver resources, in participants' person-centered plans (increases access and community integration)
- Prioritize enrollment of individuals who have goals to preserve current family/independent living situation and/or to obtain/maintain competitive integrated employment (increases access and community integration)
- Limit geographic area of the demonstration to ensure development of provider capacity (increases provider stability and quality)
- Establish discrete enrollment groups with unique array of available services and supports targeted to each group (increase access and increase provider stability and quality)

Through analyses of administrative data, claims and encounters data, survey data, and comparisons to the ID and LAH waiver programs, this evaluation will assess overall trends and progress toward the goals of the demonstration in the following evaluation questions:

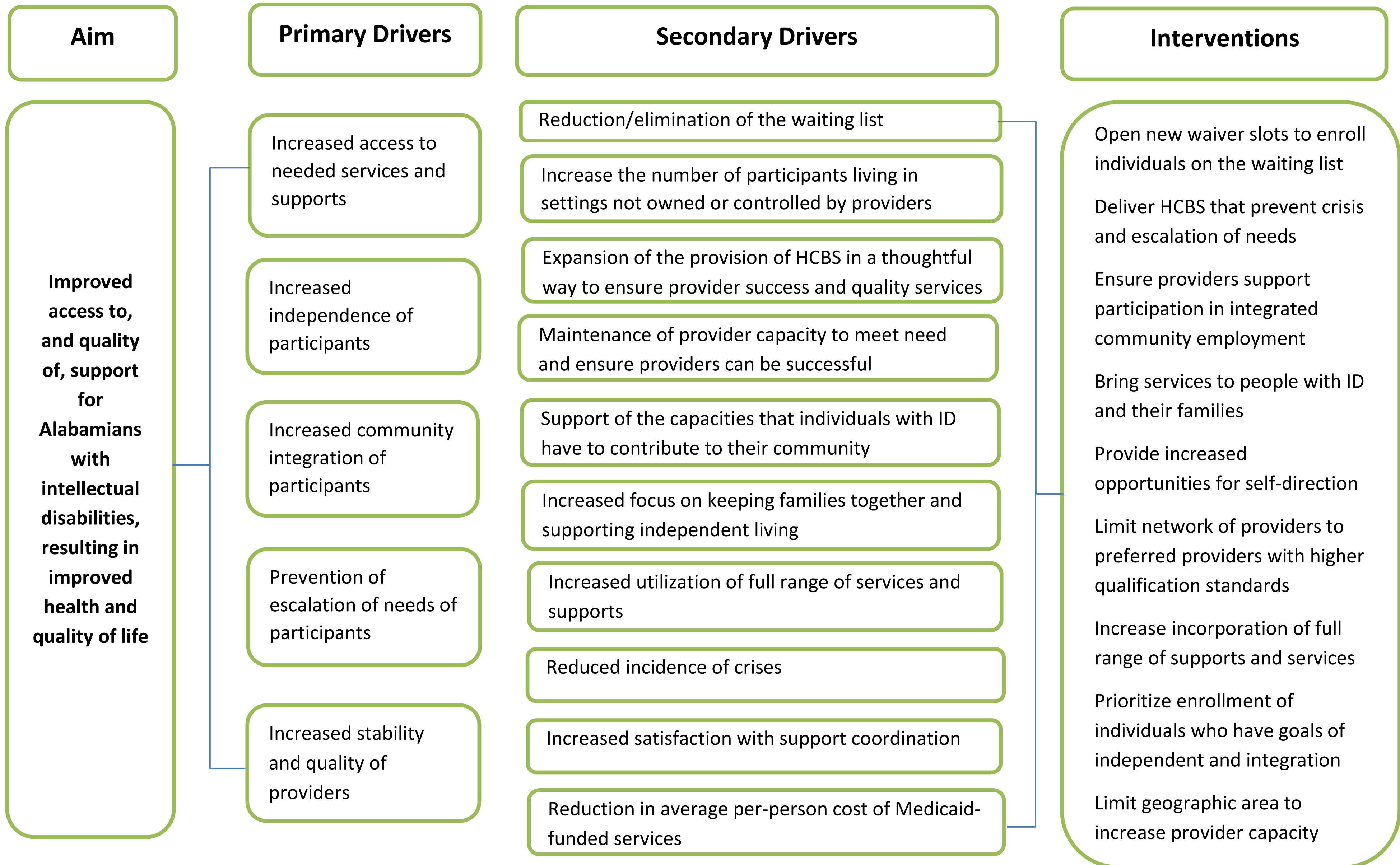
- To what degree does the CWP result in expanded capacity to serve more individuals and an increased number of annual enrollments of individuals from the ADMH-DDD waiting list?
- To what degree does the CWP have lower per-person costs for Medicaid-funded services, inclusive of waiver and state plan services, as compared to ID and LAH waivers?
- 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?
- 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?

- 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?
- 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?
- 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?
- 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?
- 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?
- 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?
- 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?
- 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?

Driver Diagram

The driver diagram on the following page displays the primary and secondary drivers as well as the interventions that demonstrate the cause and effect of the variants behind the demonstration features and intended outcomes.

Alabama Community Waiver Program Driver Diagram



Hypotheses About the Outcomes of the Demonstration

The state hypothesizes that:

- The Community Waiver Program will result in expanded capacity to serve individuals and an increased number of annual enrollments of individuals from the ADMH-DDD waiting list.
- The Community Waiver Program will result in lower per-person costs for Medicaid-funded services (HCBS and physical/ behavioral healthcare) compared to the ID and LAH waivers.
- The Community Waiver Program 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.
- The Community Waiver Program will result in higher utilization of self-directed services compared to the ID and LAH waivers.
- The Community Waiver Program 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.
- 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.
- The Community Waiver Program 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.
- The majority of Community Waiver Program 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.
- The Community Waiver Program 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.
- The Community Waiver Program will result in participating provider agencies reporting greater organizational stability compared to ID and LAH waiver providers.
- The Community Waiver Program will result in higher performance by providers on service delivery quality measures compared to providers serving only the ID and LAH waivers.
- The Community Waiver Program 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.

Together, these hypotheses align with the overall goals and objectives of the demonstration.

Part C. Methodology

Overview of Evaluation Design

The design of the Alabama Community Waiver Program demonstration evaluation will be a repeated cross-sectional design (also referred to as time-series design). In general, data related to these measures will be collected and analyzed during each year of the demonstration, providing an opportunity to examine long-term trends in outcomes for individuals, service quality, and provider capacity.

Where relevant and practicable, quasi-experimental design is employed. As described in more detail below, for many measures, data will be collected from both a treatment group (participants or providers in the CWP) and a comparison group (participants or providers in the ID and LAH waivers) and differences over time and between the CWP and ID and LAH waivers will be analyzed. Where comparisons to the ID and LAH waivers are not relevant, comparisons are made within the CWP and/or over time. For many of the analyses, pre-demonstration data are not available: there are no pre-demonstration data for the CWP, and many CWP enrollees will not have had claims as part of the legacy waivers. However, when available, pre-demonstration data will be used as another method of comparing changes over time and between demonstration participants and legacy waiver participants.

To fully evaluate the impact of the CWP, thirty measures have been developed. Descriptions of the measures are provided in the next section. Each measure addresses one or more hypotheses and is designed to answer one or more evaluation questions. The evaluation will rely on both administrative data and information collected through participant and provider surveys. Together, these data will provide a complete picture of the ways in which the interventions that comprise the demonstration work to achieve its overall goals by activating specific drivers as illustrated in the driver diagram.

Target and Comparison Populations

The target and comparison populations, including inclusions and exclusions, vary by measure, as described in the following section. For most measures, the target population is the full population of individuals enrolled in the CWP or the full population of CWP providers, and the comparison population is a sample of individuals enrolled in the ID and LAH waivers or a sample of ID and LAH waiver providers. Due to geographically driven differences related to the local economy, workforce issues, and provider capacity, there will be two comparison populations used for different measures: one that considers the ID and LAH waiver programs across the state, and one that only considers the ID and LAH waiver programs in the counties in which the CWP is available.

Because the number of individuals in the demonstration overall is small, the ability to conduct analyses of subgroups is limited. However, where possible and relevant, analyses of subgroups will be conducted based on age group, gender, race and ethnicity, region, acuity, and other factors to explore whether there are disparities in outcomes between different groups of people.

Evaluation Period

The demonstration approval period is from October 21, 2021, through September 30, 2026. The demonstration evaluation will rely upon data collected throughout the five-year demonstration period, typically at annual intervals. The regular collection and review of data ensures the state has the ability to make data-informed adjustments to the program in a timely manner. Additionally, this approach will allow for evaluation of the performance of the demonstration over time by considering, for example,

whether results during the final year of the demonstration exceeded results during the initial ramp-up years. For measures that rely on primary data collection from service providers, surveys will be conducted at baseline, mid-point and final evaluation points in order to avoid over-burdening providers.

An interim evaluation report comprising data through demonstration year three will be submitted by September 30, 2025 (or, as applicable, at an earlier date to accompany a demonstration renewal application) and the final evaluation report will be submitted 18 months after the end of the demonstration, by March 30, 2028.

Evaluation Measures

As discussed above, the CWP represents a new approach to delivering services to individuals with intellectual disabilities. The phased-in approach to implementation – including a modest number of enrollments in the initial years of the program and geographic limitations at program inception – will allow the state to provide focused support for implementation, to adjust as warranted, and to conduct a rigorous evaluation of the program's outcomes. Further, the maintenance of the ID and LAH waiver programs for currently enrolled individuals provides an ideal comparison group. After controlling for relevant factors – such as geography-based differences – variances in outcomes between the CWP and the ID and LAH waivers can be fairly attributed to the demonstration.

The measures have been developed in alignment with the stated aim of the demonstration, and the five primary drivers outlined below:

- Increased access to needed services and supports
- Increased independence of participants
- Increased community integration of participants
- Prevention of escalation of needs of participants
- Increased stability and quality of providers

As detailed in the table on the following pages, the evaluation is comprised of thirty (30) measures to test the state's twelve hypotheses. Taken together, the measures will offer a comprehensive and multifaceted assessment of the impact of the Community Waiver Program demonstration and the extent to which it achieves its stated goal.

Table 1. Evaluation Questions, Hypotheses and Measures

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
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	Enrollees across the entire system (ID and LAH waivers and CWP); changes tracked over the duration of the demonstration.	Sum of the total number of available funded slots across the CWP and ID and LAH waivers	Descriptive statistics comparing annual data from year to year	Enrollment records

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
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	Number of individuals with program add dates during the evaluation year, less the number of new enrollments funded through new appropriations during that same year. The result will be compared to the average number of new enrollments from the waiting list between fiscal years 2011 and 2020, less the number of slots created through new appropriations during that period.	Nonparametric tests of significance may be used to analyze changes in the number of individuals enrolled from the waiting list from pre-demonstration to demonstration. Additionally, depending on the data, it may be possible to run Poisson regression analyses to explore changes in the counts over time.	Enrollment records

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
Research Question 1b: To what degree does the CWP have lower per-person costs for Medicaid-funded services, inclusive of waiver and state plan services, as compared to ID and LAH waivers? Hypothesis 1b: The CWP will result in lower per-person costs for Medicaid-funded services (HCBS and physical/ behavioral healthcare) compared to the ID and LAH waivers.					
M3. Per-person cost	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	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)	Numerator: Total spending during the evaluation year for HCBS, all other Medicaid-funded services, and administrative costs Denominator: Number of member-months during the evaluation year	To examine changes in per-person costs, we may conduct difference-in-difference analyses using pre-demonstration data and data from the CWP and ID and LAH waivers, controlling for changes to payment rates and policies. Additionally, depending on the data, we may conduct interrupted time series analyses to explore changes in per-person costs using monthly cost data.	Claims data and state accounting records

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
Goal 2: Increased independence of participants					
Research Question 2a: To what degree does the CWP result in a higher percentage of working-age participants working in competitive integrated employment, and a higher percentage of working-age participants receiving services intended to assist with achieving competitive integrated employment, compared to ID and LAH waiver participants? Hypothesis 2a: The CWP will result in a higher percentage of working-age individuals working in competitive integrated employment and a higher percentage of working-age individuals receiving services intended to assist with achieving competitive integrated employment compared to individuals in the ID and LAH waivers.					
M4. Working-age individuals in competitive integrated employment	Percentage of individuals ages 19-64 who work in competitive integrated employment during at least one quarter of the evaluation year compared to individuals in the ID and LAH waivers in the CWP counties A key objective of the CWP is to support enrollees in contributing to their community through participating in competitive integrated employment; this measure assesses the proportion of individuals with employment	Enrollees in the CWP; comparison made to enrollees in the ID and LAH waivers within the CWP counties.	Numerator: Number of individuals ages 19-64 who work at least 8 hours per week during one or more quarters of the evaluation year Denominator: Total number of enrolled individuals ages 19-64 during the evaluation year	If the data are sufficient, nonparametric tests of statistical significance such as Chi-square tests will be utilized to explore whether differences are statistically significant. The specific test or tests to be used will be determined once data are received, cleaned, and assessed.	ADIDIS case management records

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
M5. Growth in number of working-age individuals who work in competitive integrated employment	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	Enrollees in the CWP; comparison made to enrollees in the ID and LAH waivers within the CWP counties	Percentage point change in the previous calculation from one evaluation year to the next	If the data are sufficient, nonparametric tests of statistical significance such as Chi-square tests will be utilized to explore whether differences are statistically significant. The specific test or tests to be used will be determined once data are received, cleaned, and assessed. Tests of significance for this measure likely cannot be run until Year 2 or 3, once the data have stabilized after a period of potentially high growth in Year 1.	ADIDIS case management records

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
M6. Working age individuals who received services intended to assist with achieving competitive integrated employment	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	Enrollees in the CWP; comparison made to enrollees in the ID and LAH waivers within the CWP counties	Numerator: Number of individuals ages 19-64 who do not work in competitive integrated employment and who received services intended to assist in achieving competitive integrated employment Denominator: Total number of individuals ages 19-64 who do not work in competitive integrated employment	If the data are sufficient, nonparametric tests of statistical significance such as Chi-square tests will be utilized to explore whether differences are statistically significant. The specific test or tests to be used will be determined once data are received, cleaned, and assessed.	ADIDIS case management records

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
Research Question 2b: To what degree does the CWP result in higher utilization of self-directed services by CWP participants than for participants in the ID and LAH waivers? Hypothesis 2b: The CWP will result in higher utilization of self-directed services compared to the ID and LAH waivers.					
M7. Utilization of self-direction	Proportion of individuals utilizing self-directed services compared to individuals enrolled in the ID and LAH waivers A key objective of the CWP is to empower individuals through the use of self-direction; this measure assesses the incidence of self-direction	Enrollees in the CWP; Comparison made to enrollees in the ID and LAH waivers (measured both within the counties where the demonstration is available and statewide)	Numerator: Number of individuals who self-directed any service during the evaluation year Denominator: Total number of individuals receiving any service during the evaluation year	If the data are sufficient, nonparametric tests of statistical significance such as Chi-square tests will be utilized to explore whether differences are statistically significant. The specific test or tests to be used will be determined once data are received, cleaned, and assessed.	Claims data
M8. Spending delivered through self-directed services	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	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)	Numerator: Total spending for all self-directed services Denominator: Total spending for all services	To examine changes in per-person costs, we may conduct difference-in-difference analyses using pre-demonstration data and data from the CWP and ID and LAH waivers, controlling for changes to payment rates and policies. Additionally, depending on the data, we may conduct interrupted time series analyses to explore changes in per-person costs using monthly cost data.	Claims data

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
Goal 3: Increased community integration of participants					
Research Question 3a: To what degree does the CWP result in a higher percentage of individuals living in, and able to sustain living in, residential settings that are not owned or controlled by providers compared to participants in the ID and LAH waivers? Hypothesis 3a: The CWP will result in a higher percentage of individuals living in, and able to sustain living in, residential settings that are not owned or controlled by providers compared to individuals in the ID and LAH waivers.					
M9. Individuals living in settings that are not provider owned or controlled	Percentage of individuals living in residential settings that are not provider owned or controlled, compared to the percentage in the ID and LAH waivers A key objective of the CWP is to support individuals in the most integrated residential settings; this measure assesses placement levels	Enrollees in the CWP; comparison made to enrollees in the ID and LAH waivers (measured both within the counties where the demonstration is available and statewide)	Numerator: Individuals residing in a setting that is not provider owned or controlled Denominator: Individuals residing in any setting	If the data are sufficient, nonparametric tests of statistical significance will be utilized to explore whether differences are statistically significant. The specific test or tests to be used will be determined once data are received, cleaned, and assessed.	ADIDIS case management records

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
M10. Individuals who continue to live in setting that are not provider owned or controlled	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	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)	Numerator: Individuals residing in a setting that is not provider owned or controlled at the beginning of the evaluation and at the end of the evaluation year Denominator: Individuals residing in a setting that is not provider owned or controlled at the beginning of the evaluation year	If the data are sufficient, nonparametric tests of statistical significance will be utilized to explore whether differences are statistically significant. The specific test or tests to be used will be determined once data are received, cleaned, and assessed.	ADIDIS case management records

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
Research Question 3b: To what degree does the CWP result in increased identification and use of the full range of services and supports (waiver and non-waiver) compared to the identification and use of services and supports in the ID and LAH waivers? Hypothesis 3b: The Community Waiver Program will result in increased utilization of the full range of waiver services and supports available, and a higher incidence of non-waiver supports and services being identified and included in person-centered plans to address individual goals and outcomes compared to the ID and LAH waivers.					
M11. Participants with non-Medicaid supports in their plans	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	Individuals in the CWP; comparison made to individuals in the ID and LAH waivers	Numerator: Number of individuals whose person-centered plans document one primary strategy type not paid by the Medicaid HCBS program in at least three of the five life domains Denominator: Total number of individuals	If the data are sufficient, nonparametric tests of statistical significance will be utilized to explore whether differences are statistically significant. The specific test or tests to be used will be determined once data are received, cleaned, and assessed.	ADIDIS case management records

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
M12. Support strategies not paid by Medicaid	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	Individuals in the CWP; comparison made to individuals in the ID and LAH waivers	Numerator: Number of primary strategy types not paid by the Medicaid HCBS program Denominator: Total number of primary support strategy types documented in person centered plans	If the data are sufficient, nonparametric tests of statistical significance such as Chi-square tests will be utilized to explore whether differences are statistically significant. The specific test or tests to be used will be determined once data are received, cleaned, and assessed.	ADIDIS case management records

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
M13. Individuals with diverse support strategies in their person-centered plan	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	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)	Numerator: Number of individuals whose person-centered plans document at least two different primary support strategy types for each of the five life domains Denominator: Total number of individuals	If the data are sufficient, nonparametric tests of statistical significance such as Chi-square tests will be utilized to explore whether differences are statistically significant. The specific test or tests to be used will be determined once data are received, cleaned, and assessed.	ADIDIS case management records

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
M14. Allocation of spending	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	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)	Numerator: Total expenditures for the services in each category Denominator: Total expenditures for all services in the listed categories	To examine changes in per-person costs by service category, we may conduct difference-in-difference analyses data from the CWP and ID and LAH waivers, controlling for changes to payment rates and policies. Additionally, depending on the data, we may conduct interrupted time series analyses to explore changes in per-person costs using monthly cost data.	Claims data

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
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)	Numerator: For each service category grouping, number of individuals utilizing at least one unit of service during the evaluation year Denominator: Total number of individuals who utilized any service during the evaluation year	If the data are sufficient, nonparametric tests of statistical significance will be utilized to explore whether differences are statistically significant. The specific test or tests to be used will be determined once data are received, cleaned, and assessed.	Claims data

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
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)	Numerator: Individuals who experience at least one documented crisis Denominator: Total number of individuals in waiver program	If the data are sufficient, nonparametric tests of statistical significance such as Chi-square analyses will be utilized to explore whether differences are statistically significant. The specific test or tests to be used will be determined once data are received, cleaned, and assessed.	Incident Prevention and Management System data and ADIDIS data
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)	Numerator: total number of crises experienced by individuals Denominator: number of individuals who experienced at least one crisis	We will explore the possibility of running Poisson or negative binomial regression analyses (depending on the distribution of the data) to explore changes in the monthly counts over time by waiver (Legacy versus CWP).	Incident Prevention and Management System data and ADIDIS data

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
M18. Emergency enrollments due to crises	Percentage of individuals on the waiver waitlist in counties where the CWP operates who experience a documented crisis resulting in emergency enrollment compared to the remainder of the state where 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	Individuals on waitlist in CWP counties; comparisons made to individuals on waitlist in remainder of counties where CWP is not available	Numerator: Number of individuals on the waiver waitlist who have a documented crisis resulting in emergency enrollment Denominator: total number of individuals on the waiver waitlist	If the data are sufficient, nonparametric tests of statistical significance such as Chi-square analyses will be utilized to explore whether differences are statistically significant. The specific test or tests to be used will be determined once data are received, cleaned, and assessed.	Incident Prevention and Management System data and ADIDIS data

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
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	Numerator: Number of individuals who were enrolled in Group 5 at the beginning of the evaluation period who remained in Group 5 at the end of the evaluation period Denominator: Number of individuals who were enrolled in Group 5 at the beginning of the evaluation year and remain in the CWP at the end of the evaluation period	Descriptive statistics	Enrollment records

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
Goal 5: Increased stability and quality of providers					
Research Question 5a: To what degree does the CWP result in higher average wages and lower average turnover rates for direct support workers (DSWs) employed through self-direction compared to DSWs employed by provider agencies? Hypothesis 5a: The CWP will result in higher average wages and lower average turnover rates for direct support workers employed through a self-directed model compared to DSWs employed by provider agencies.					
M20. Average hourly wages of direct support workers	Average hourly wage for DSWs delivering self-directed services compared to agency employed DSWs A key objective of the CWP is to support the DSW workforce through the increased use of self-direction; this measure assesses wages	DSWs employed through a self-directed model in the CWP; comparison made to agency-employed DSWs in the CWP	Numerator: Total wages paid by service grouping Denominator: Total work hours	T-tests of significance will be conducted to test for statistically significant differences in turnover rates between DSWs delivering self-directed services and agency employed DSWs. A simple regression model may also be used to explore differences while controlling for variables such as geography	FMS data and provider survey data
M21. Average turnover rates of direct support workers (DSWs)	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	DSWs employed through a self-directed model in the CWP; comparison made to agency-employed DSWs in the CWP	Numerator: Number of unique DSWs who delivered services in the first five months of six-month analysis period but not in the sixth or subsequent month Denominator: Total number of DSWs who delivered services in the sixth month of analysis period.	T-tests of significance will be conducted to test for statistically significant differences in hourly wages between DSWs delivering self-directed services and agency employed DSWs. A simple regression model may also be used to explore differences while controlling for variables such as geography.	FMS data and provider survey data

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
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.**					
M22. Self-reported provider agency stability	Percent of CWP providers that self-report greater organizational stability A key objective of the CWP is to increase organizational stability for participating providers	Agencies enrolled in the CWP; comparison made to agencies that provide ID and LAH waiver services, but not CWP services	The sum of self-reported scores across multiple indicators of organizational stability on a five-point Likert scale, divided by the total number of respondents for each question	If the data are sufficient, nonparametric tests of statistical significance will be utilized to explore whether differences are statistically significant. The specific test or tests to be used will be determined once data are received, cleaned, and assessed.	Provider survey data
M23. Provider stability indicators	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	Agencies enrolled in the CWP; comparison made to agencies that provide ID and LAH waiver services, but not CWP services	Average value on each indicator across all surveyed providers	If the data are sufficient, nonparametric tests of statistical significance will be utilized to explore whether differences are statistically significant. The specific test or tests to be used will be determined once data are received, cleaned, and assessed.	Provider survey data

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
Research Question 5c: To what degree does the CWP result in higher performance by providers on service delivery quality measures as compared to providers operating only in the ID and LAH programs? Hypothesis 5c: The CWP will result in higher performance by providers on service delivery quality measures compared to providers serving only the ID and LAH waivers.					
M24. Independent accreditation	Percentage of CWP providers who have achieved or maintained accreditation status from a nationally recognized accreditation body compared to ID and LAH waiver providers A key objective of the CWP is to increase the quality of services; this measure assesses agencies who have been independently accredited	Agencies enrolled in the CWP; comparison made to agencies that provide ID and LAH waiver services, but not CWP services	Numerator: Number of providers accredited by a nationally recognized accreditation body Denominator: Total number of providers	If the data are sufficient, nonparametric tests of statistical significance will be utilized to explore whether differences are statistically significant. The specific test or tests to be used will be determined once data are received, cleaned, and assessed.	Provider survey data
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	Numerator: Number of surveyed individuals who report positive outcomes for each selected NCI question Denominator: Total number of surveyed individuals	Variables within NCI will be explored and, where possible, tests of significance will be used to explore significance of any observed differences.	National Core Indicators (NCI) Participant survey data

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
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	Numerator: Number of critical incidents attributable to providers Denominator: Total enrolled individuals	Assuming the data are sufficient, t-tests will be run to explore whether differences between the mean number of critical incidents per provider are different for CWP providers versus ID and LAH providers.	Incident Prevention and Management System data

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
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	Numerator: Number of support coordinators who separated during the evaluation year Denominator: Average number of support coordinators employed during the evaluation year	T-tests of significance will be conducted to test for statistically significant differences in turnover rates between support coordinators in the CWP versus those in ID and LAH waivers. A simple regression model may also be used to explore differences while controlling for variables such as geography.	State employment data, ADIDIS case management records, and provider survey data
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 the consistency of relationships between individuals and support coordinators	Enrollees in the CWP; comparison made to enrollees in the ID and LAH waivers	Numerator: Number of enrollees who were in the program in the first and last months of each evaluation year who retained the same support coordinator Denominator: Total number of enrollees who were in the program in the first and last months of each evaluation year	If the data are sufficient, nonparametric tests of statistical significance will be utilized to explore whether differences are statistically significant. The specific test or tests to be used will be determined once data are received, cleaned, and assessed.	ADIDIS case management records

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
M29. Individual satisfaction with support coordination services	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	Surveyed individuals in the CWP; comparison made to surveyed individuals in the ID and LAH waivers.	Numerator: Number of positive responses to each survey question Denominator: Total number of survey respondents for each question	T-tests will be run to explore whether differences between the mean rates of satisfaction with support coordination services are different for individuals enrolled in CWP versus ID and LAH. Regression modeling may be utilized as well, to assess differences by participant demographic and account for variables such as geography.	Individual participant survey data
M30. Family/guardian satisfaction with support coordination services	Average rate of family/guardian satisfaction with support coordination services compared to satisfaction of families/guardians of individuals in the ID and LAH waivers A key objective of the CWP is to increase the quality of support coordination services; this measure assesses families'/guardians' satisfaction with support coordination services	Surveyed families/guardians in the CWP; comparison made to surveyed families/ guardians in the ID and LAH waivers.	Numerator: Number of positive responses to each survey question Denominator: Total number of survey respondents for each question	T-tests will be run to explore whether differences between the mean rates of satisfaction with support coordination services are different for individuals enrolled in CWP versus ID and LAH. Regression modeling will be explored as well, to assess differences by participant demographic and account for variables such as geography.	Family/guardian survey data

Data Sources

To ensure a well-rounded and thorough examination of the Community Waiver Program, this evaluation relies on a combination of administrative data and primary data sources. The independent evaluator will employ a variety of quality control checks to ensure the integrity of the data.

Significant data sources include:

- **Claims data** will be used to assess measures related to service utilization and costs. Upon receipt of claims data, the evaluator will produce summary statistics such as total number of unique service users and spending figures by billing code and month and will share these results with the state. The state will be asked to compare these figures to their own internal accounting by, for example, comparing them to figures reported on the CMS-64.
- Records from ADMH-DDD's management information system, the **Alabama Department of Intellectual Disabilities Information System (ADIDIS)**, will serve as the source of information for a number of measures related to individuals' circumstances and person-centered plans. Information in this database comes from enrollment records, state regional staff input and state quality records on providers, as well as case management information input by support coordinators. The evaluator will perform a variety of quality control checks on this data, including reviewing records for completeness, checking the dates of the most recent updates, and comparing the records to other data for sources to check for consistency (for example, if ADIDIS records an individual as living in a group home, the evaluator will determine whether or not claims data shows paid claims for group home services). If the evaluator notes any potentially systemic issues with these records, they will be shared with the state for review and resolution.
- ADMH-DDD's **Incident and Prevention Management System (IPMS)** will serve as a source of information for crisis and quality measures. Critical incident data will include the type of incident, the severity of the incident according to ADMH-DDD's IPMS policy manual, and the associated provider. Critical incident data will be provided by ADMH-DDD's IPMS vendor, Therap. All relevant data will be exported per specifications established by the evaluator to be filtered and analyzed by the evaluator. The evaluator will perform quality control checks on this data, including reviewing records for completeness and duplication.
- **Provider surveys** will be administered to collect data regarding organizational stability, accreditation status, direct support worker wages and turnover, and quality-related metrics. Organizational stability survey data will collect data on indicators in the following domains: Staffing (e.g., turnover, tenure), Financial Health (e.g., cash on hand, net profit margin),[10] and Enrollment (e.g., caseload retention). Data will be collected to stratify and analyze findings by location, position type, program, and service type. Surveys will be administered at three points during the demonstration: within the first six months of the demonstration (baseline), at the midpoint, and at the end. Given the relatively small group of providers to be surveyed, the evaluator will review submitted surveys, identify incomplete or potentially erroneous responses, and seek clarification as necessary. Post-

[10] As possible, HMA will incorporate the providers' Financial Health reporting into the evaluation of cost outcomes. CMS requested that the state include the cost of uncompensated care as part of the evaluation of cost outcomes. HMA notes that, due to the nature of the home and community-based services delivery system, it is unlikely that there will be uncompensated services in the demonstration, as the DDD HCBS providers are reimbursed for all services authorized and rendered.

demonstration interviews with participating providers are scheduled to gain a deeper understanding of the findings from the survey and to confirm our interpretations of the data. When conducting the analyses of survey results, the evaluator will also exclude statistical outliers.

- **Annual individual and family surveys,** the National Core Indicators® In-Person Survey and a separate annual participant and family survey on satisfaction with support coordination, will be utilized to collect information regarding participants' experience and their satisfaction. As part of its analysis of non-NCI data, the evaluator will seek to identify any potential inconsistencies in reported data (for example, if an individual reports a negative ranking, but then offers a positive qualitative response on the issue), the evaluator may exclude the responses.

The previous section noted data sources are used for each measure, while additional information about analytic methods is included in the next section.

Analytic Methods

In each year of the evaluation, descriptive statistics (e.g., means and frequencies) will be generated for each measure. Additionally, each year tests of statistical significance (e.g., t-tests, chi-square, other nonparametric tests of significance) will be utilized to assess differences between comparison groups and treatment groups. Tests of significance that may be used for specific measures are detailed in the table above. Which test will be used will be based on the nature and structure of the data, and the appropriate test or tests will be determined as data become available. These tests will allow for analysis of differences in outcomes between individuals enrolled in the CWP and those enrolled in the ID and LAH waivers as well as differences in outcomes for providers in the CWP and providers in the ID and LAH waivers.

Additionally, difference-in-difference and/or interrupted time series regression analyses will be conducted to compare data over time, from year to year, and between groups. The type of regression will vary based on the type and distribution of the data. Independent variables such as age, gender, race and ethnicity, rural versus urban, acuity, region, and other variables will be included as possible.

The evaluation will seek to explore whether health disparities exist, and the degree to which outcomes from participation in the waiver vary by population. It is likely to be possible to assess differences in outcomes by gender, age, acuity, rural versus urban, and region. However, it is unlikely that analyses can be conducted comparing outcomes by race and ethnicity, or by provider, because of very small sample sizes. These analyses will be explored and will be conducted if possible.

Regression analyses will be conducted each year, at the end of a year of data collection. The first year of regression analyses will include the first full year of data. Subsequent years will include all previous years of data. It is anticipated that dependent variable data (such as costs, hospitalizations, emergency department visits) will be aggregated to weekly or monthly data points to allow for trend and time series analyses. In addition, propensity score matching will be considered and explored, and will be used if sample sizes are sufficient and matching is deemed to be appropriate and useful in initial testing of the data.

Quantitative analyses will be conducted using Stata, SAS, or other appropriate software. Findings will be shared each year with the state for their use in continuous quality improvement and course corrections. Additionally, as the evaluation team cleans and analyzes the data, any issues with poor data quality or missing data will be shared with the state, along with recommendations for improving data quality over the course of the demonstration.

In addition, qualitative analyses will be conducted on responses to open-ended questions on the provider surveys, participant and family satisfaction surveys, and assessments of provider quality. Qualitative analyses will be conducted using NVIVO software and will include an assessment of themes and contradictions within the data, key examples and quotes, and trends over the course of the demonstration. These findings will be shared with the state as well to promote improvements in the demonstration over time.

Part D. Methodological Limitations

Several methodological limitations exist within this evaluation design. First, for obvious ethical and practical reasons, it is not possible to utilize a randomized controlled trial with random selection and assignment into treatment and control groups. Because the ID and LAH waivers and systems of care are already in place, it is also not possible to randomly assign providers to treatment and control groups. Therefore, quasi-experimental design is being utilized. Specifically, the evaluation uses nonequivalent groups design. Data will be collected for both the treatment and comparison groups at multiple times and analyzed at regular intervals to assess changes within groups over time and across groups. Despite the limitation of not having a true experimental design, this design allows the evaluation to assess whether the CWP achieves better outcomes than the ID and LAH waivers.

Second, as with any new data collection effort, it is anticipated that some data quality issues may emerge. The evaluation team will monitor data early and frequently and will identity data quality issues and convey these to the state and to providers so problems may be addressed early. Third, it is possible that the provider groups will change over time, reducing the sample sizes of the provider groups being measured. Because the sample of CWP providers is relatively small, there is some methodological risk. However, the evaluation design utilizes many measures, which will strengthen findings even if some measurement challenges arise due to changes in the number of providers.

Finally, the timing of the demonstration, beginning during the ongoing COVID public health emergency (PHE), may affect certain aspects of the evaluation. It is unlikely the demonstration will be impacted by factors such as COVID infections or deaths, but the demonstration launch occurred simultaneous to the end of certain service delivery flexibilities, as workforce shortages were exacerbated by the PHE, and as additional limited funding available during the PHE may be exhausted. To the degree possible, the evaluator will consider the context of these factors within the demonstration data.

Part E. Attachments

Attachment 1 — Independent Evaluator

Process for Obtaining an Independent Evaluator

The Alabama Department of Mental Health (ADMH), Division of Developmental Disabilities (DDD) solicited competitive proposals for an external evaluation team, establishing minimum vendor qualifications including requirements for a Principal Investigator possessing a Ph.D. from an accredited institution in Public Health, Special Education, Social Work, Business Administration, Public Administration, Psychology, or another Human Services field, and five (5) years or more experience with application design, development, and implementation of Medicaid program evaluation of similar size, scope, and complexity. Additionally, preferred vendor qualifications included experience with application design, development, and implementation of Medicaid program evaluation specific to the intellectual and developmental disability long-term care population, experience specific to Medicaid Home and Community-Based Waiver program evaluations, and experience with design and implementation of 1115 demonstration waiver evaluations.

Consistent with Ala. Code § 41-16-20, proposals were solicited and evaluated through the state's procurement process.

ADMH-DDD awarded the evaluation contract to Health Management Associates (HMA). The HMA evaluation team was constructed to deliver a thorough, efficient, high-quality, and timely evaluation. The evaluation's principal investigator, Dr. Marci Eads, has a doctorate in sociology from the University of Colorado, and more than 20 years of experience in applied research and evaluation, program development and innovation, and quantitative and qualitative data collection and analyses. She has more than a decade of Medicaid program evaluation experience including the design, development, and implementation of large-scale, complex evaluations including those with comparison groups. Dr. Eads is supported by two senior-level leaders, Sharon Lewis and Stephen Pawlowski, each with extensive subject matter expertise. Mr. Pawlowski, a former state agency executive and HMA's managing director of the Burns & Associates division's HCBS practice, will lead and supervise a small team focused on data and statistical analysis and evaluation reporting. Ms. Lewis, a current Principal at HMA and nationally recognized expert in I/DD policy as well as a former U.S. Department of Health and Human Services official, will lead and supervise a small team focused on intellectual disability HCBS policy and program quality and compliance.

No Conflict of Interest

ADMH-DDD's contract with HMA prohibits conflict of interest and ensures that the evaluation work is conducted in an independent manner. The Scope of Work specifically states that, "In implementing the Scope of Work described in Exhibit DD-1, Health Management Associates agrees to conduct the Evaluation of the Alabama Community Waiver Program Section 1115(a) demonstration in an independent manner in accordance with the requirements established by the Centers for Medicare & Medicaid Services (CMS), as articulated in the CMS Special Terms and Conditions for the demonstration, Number 11-W- 00365/4."

Attachment 2 — Evaluation Budget

Deliverables	Year 0 (FY21)	Year 1 (FY22)	Year 2 (FY23)	Year 3 (FY24)	Year 4 (FY25)	Year 5 (FY26)	Year 6 (FY27)
Methodology development ▪ identification and analysis of data sources ▪ development and analysis of administrative data sources ▪ development of surveys	$170,851	$134,347					
Draft and Final Evaluation Design		$97,550					
Survey Administration		$66,104	$67,876	$61,810	$87,176	$90,673	
Data Collection and Analysis		$96,696	$90,350	$92,609	$94,924	$97,297	$20,015
CMS Evaluation Reports					$40,098		$50,085
Travel		$4304	$4304	$4304	$4304	$4304	
TOTALS	**$170,851**	**$399,001**	**$162,548**	**$158,723**	**$226,502**	**$192,274**	**$70,100**

Attachment 3 —Timeline and Major Milestones

	2021	2022	2023-2024	2025	2026	2027
Evaluation activities	Identification, analysis and development of data sources Develop measures and methodology	Develop Evaluation Design Analyze reporting on new data collections	Ongoing project management and data analysis	Develop Interim Report Ongoing project management and data analysis	Ongoing project management and data analysis	Develop Final Report
Data collection	Provider survey Administrative data	Provider survey Participant survey Administrative data	Participant survey Administrative data	Provider survey Participant survey Administrative data	Provider survey Participant survey Administrative data	
Reporting		Draft evaluation design: April 20th Finalize evaluation design: August 22nd	Annual Monitoring Reports	Draft Interim Evaluation Report: September 30th Finalize Interim Report		Draft Final Evaluation Report: December 31st Complete Final Summative Report (2028)
Demonstration milestones	CMS Approval: Oct. 21st Enrollment begins: Nov. 1st				Demonstration ends: September 30th	