HMA

HEALTH MANAGEMENT ASSOCIATES

Interim Evaluation of Alabama's Community Waiver Program Demonstration for the Period November 1, 2021, through September 30, 2024

AUTHORED BY
MARCI EADS, PHD
DEREK BARBER
SHARON LEWIS
MARCEY ALTER

Revised: May 7, 2026

Table of Contents

LIST OF EXHIBITS* 1

SECTION A: Executive Summary 1

General Background 1

Issues Addressed by the Section 1115 Demonstration 1

Demonstration Goals and Hypotheses 1

Evaluation Design and Results 2

SECTION B: General Background Information 5

Overview of the Issues Addressed by the Section 1115 Demonstration 5

Brief Description of the Demonstration and Its History 6

Populations Impacted by the Demonstration 7

Section C. Evaluation Questions and Hypotheses 9

Driver Diagram 12

Alabama Community Waiver Program (CWP) Driver Diagram 13

Hypotheses About the Outcomes of the Demonstration 14

Section D. Methodology 15

Overview of Evaluation Design 15

Target and Comparison Populations 15

Evaluation Period 15

Evaluation Measures 16

Data Sources 16

SECTION E: Methodological Limitations 19

SECTION F: Results 23

Demonstration Goal #1: Increased Access to Needed Services and Supports 23

Demonstration Goal #2: Increased Independence of Participants 28

Demonstration Goal #3: Increased Community Integration of Participants 36

Demonstration Goal #4: Prevention of Escalation of Needs of Participants 49

Demonstration Goal #5: Increased Stability and Quality of Providers 53

SECTION G: Conclusions 74

Assessment of the Effectiveness of the Demonstration 74

SECTION H: Interpretations, Policy Implications, and Interactions with Other State Initiatives 78
SECTION I: Lessons Learned and Recommendations 80
Assessment of Opportunities for Improvement 82
State of Alabama Interpretations from the Evaluation Findings 83
APPENDIX A: Approved Evaluation Design Plan 84
Part A. General Background Information 2
Overview of the Issues Addressed by the Section 1115 Demonstration 2
Brief Description of the Demonstration and Its History 3
Populations Impacted by the Demonstration 4
Part B. Evaluation Questions and Hypotheses 5
Driver Diagram 9
Alabama Community Waiver Program (CWP) Driver Diagram 10
Hypotheses About the Outcomes of the Demonstration 11
Part C. Methodology 11
Overview of Evaluation Design 12
Target and Comparison Populations 12
Evaluation Period 12
Evaluation Measures 13
Table 1. Evaluation Questions, Hypotheses and Measures 14
Data Sources 45
Analytic Methods 46
Part D. Methodological Limitations 48
Part E. Attachments 48
Attachment 1 — Independent Evaluator 48
Attachment 2 — Evaluation Budget 50
Attachment 3 —Timeline and Major Milestones 51
APPENDIX B: Additional Data Tables 52

Attachments – Survey Instruments

- Attachment A: Provider Stability Survey
- Attachment B: Accreditation Survey
- Attachment C: Individual and Family Support Coordination Satisfaction Survey

LIST OF EXHIBITS*

Number	Appears in	Exhibit Title
Table 1	D	Data Sources and Reported Years by Measure
Chart 1	E	CWP Cumulative Enrollments and Total Spending by Month, Year 1 and Year 2 of Demonstration
Table 2	E	Median and Average Age as of the End of Year 3 by Waiver
Table 3	E	Distribution of Participants by Region in Year 3
Table 4	F	Available Slots (Demonstration Year 1 through Year 3)
Table 5	F	Net Enrollments to Each Waiver (Demonstration Year 1 through Year 3)
Chart 2	F	Net Enrollments (Excluding New Appropriations - Demonstration Year 1 through Year 3)
Table 6	F	Total Per Person Costs for HCBS and Non-HCBS Services by Waiver (Demonstration Year 2 and Year 3)
Chart 3	F	Average Cost per Person per Month (Demonstration Year 2 and Year 3)
Table 7	F	Proportion of Participants with Competitive Integrated Employment by Waiver (Demonstration Year 1 through Year 3)
Chart 4	F	Proportion of Participants with Competitive Integrated Employment by Waiver (Demonstration Year 1 through Year 3)
Table 8	F	Growth in Count of Participants with Competitive Integrated Employment by Waiver (Demonstration Year 2 and Year 3)
Table 9	F	Proportion of Participants Utilizing Waiver Services That Assist in Achieving Competitive Integrated Employment by Waiver (Demonstration Year 2 and Year 3)
Table 10	F	Proportion of Participants Utilizing Self Directed Services by Waiver (Demonstration Year 2 and Year 3)
Chart 5	F	Percent Utilizing Self-Directed Services
Chart 6	F	Proportion of Waiver Participants Utilizing Self-Directed Services by CWP Region in Year 3
Table 11	F	Proportion of Spending on Self Directed Services by Waiver (Demonstration Year 2 and Year 3)
Chart 7	F	Percent of Spending through Self-Direction
Chart 8	F	Proportion of Spending Through Self-Direction by Waiver and CWP Region in Year 3

Number	Appears in	Exhibit Title
Table 12	F	Proportion of Participants Living in Residential Settings That Are Not Provider-owned or Controlled (Demonstration Year 1 through Year 3)
Chart 9	F	Proportion Living in Settings That are Not Provider Owned/ Controlled (Statewide)
Chart 10	F	Proportion Living in Settings That are Not Provider Owned or Controlled in Year 3 by CWP Region
Table 13	F	Proportion of Participants Who Continue Living in Residential Settings That Are Not Provider-owned or Controlled Compared to the Beginning of Each Evaluation Year (Demonstration Year 2 and Year 3)
Chart 11	F	Proportion Remaining in Settings That are Not Provider Owned or Controlled at the End of Year 3 by CWP Region
Table 14	F	Proportion of Participants with at Least One Non-Medicaid Funded Strategy in Three or More Domains by Waiver (Demonstration Year 1 through Year 3)
Chart 12	F	Percent of PCPs with at Least One Non-Medicaid Support Strategy Across Three or More Domains
Table 15	F	Proportion of Person Centered Plan Strategies that are Not Medicaid Funded by Waiver (Demonstration Year 1 through Year 3)
Chart 13	F	Percent of Strategies That are Non-Medicaid Funded
Table 16	F	Proportion of Participants with Diverse Support Strategies in Their Person Centered Plans (Demonstration Year 1 through Year 3)
Chart 14	F	Proportion of Participants with Diverse Support Strategies
Table 17	F	Percentage of Annual Spending in Each Service Class by Waiver (Demonstration Year 2)
Table 18	F	Percentage of Annual Spending in Each Service Class by Waiver (Demonstration Year 3)
Table 19	F	Proportion of Participants Utilizing at Least One Unit of Service Within Each Service Grouping by Waiver (Demonstration Year 2 and Year 3)
Table 20	F	Proportion of Participants with a Documented Crisis by Waiver, Statewide and CWP Regions Totals (Demonstration Year 2 and Year 3)
Table 21	F	Number of Crises per Individual by Waiver, Statewide and CWP Regions Totals (Demonstration Year 2 and Year 3)
Table 22	F	Proportion of Enrollments due to Crisis by Grouping of Counties in Which the CWP is Operated and Counties in Which it is Not Operated (Demonstration Year 2 and Year 3)
Table 23	F	Average Hourly Wages Among Direct Support Workers Employed Through Self-Direction Compared with Agency-Employment Models (Demonstration Year 2 and Year 3)

Number	Appears in	Exhibit Title
Table 24	F	Turnover Rates Among Direct Support Workers Employed Through Self-Direction Compared with Agency-Employment Models (Demonstration Year 2 and Year 3)
Chart 15	F	Provider Self-Assessment of Overall Financial Health (Baseline Stability Survey)
Chart 16	F	Provider Self-Assessment of Overall Financial Health (Mid-Point Stability Survey)
Table 25	F	Provider Self-Assessment of Key Stability Indicators Between Baseline and Mid-Point Survey Cycles
Chart 17	F	Comparison of Reported Overall Quality of Services Compared to Other Providers
Chart 18	F	Comparison of Provider-Reported Capacity to Provide Quality Services
Chart 19	F	Percentage of Providers Conducting Annual/ Regular Staff Job Satisfaction Surveys
Chart 20	F	Comparison of DSP Pay Between Baseline and Mid-Point Surveys
Table 26	F	Comparison of Staff Turnover Rates by Position Type and Waiver (Mid-Point Survey)
Table 27	F	Top Reasons for Staff Turnover by Provider Type (Baseline and Mid-Point Surveys)
Table 28	F	Comparison of Outcomes for Key Financial Measures of Provider Stability by Waiver (Baseline and Mid-Point Surveys)
Table 29	F	Proportion of Providers Reporting Holding an Active Accreditation by Waiver and Across Accreditation Survey Cycles
Table 30	F	Proportion of Participants Reporting Participation in Community-Facing Activities
Table 31	F	Proportion of Participants With at Least 3 Critical Incidents by Waiver, Statewide and CWP Regions Totals (Demonstration Year 2 and Year 3)
Table 32	F	Critical Incidents per Enrollee by Waiver, Statewide and CWP Regions Totals (Demonstration Year 2 and Year 3)
Table 33	F	Support Coordinator Turnover Rate by Waiver (Demonstration Year 2 and Year 3)
Table 34	F	Support Coordinator Retention Rate by Waiver (Demonstration Year 2 and Year 3)
Table 35	F	Individual Satisfaction with Support Coordinator by Waiver (Demonstration Year 2 and Year 3)
Table 36	F	Family/ Guardian Satisfaction with Support Coordinator by Waiver (Demonstration Year 2 and Year 3)

Number	Appears in	Exhibit Title
Table 37	G	Summary of Measures by Goal

*Additional tables appear in Appendix B.

SECTION A: Executive Summary

General Background

The Alabama Medicaid Agency (Medicaid), working closely with the Alabama Department of Mental Health (ADMH) and its Division of Developmental Disabilities (DDD) 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. This Interim Report covers the period from October 21, 2021, through September 30, 2024.[1]

The CWP 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.

Issues Addressed by the Section 1115 Demonstration

As of the beginning of the demonstration, ADMH-DDD supported about 5,700 Alabamians with ID through two 1915(c) waiver programs: the HCBS Waiver for Persons with Intellectual Disabilities (ID) and the HCBS Living at Home (LAH) Waiver for Persons with Intellectual Disabilities.

ADMH-DDD faced a number of challenges in serving people with ID, leading to the development of the demonstration, including high per-person costs, long waitlists, disproportionate spending on residential habilitation, over-reliance on facility-based day habilitation services, poor employment outcomes for people with ID, and challenges in supporting families of people with ID.

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. Consistent with CMS requirements, ADMH-DDD contracted with Health Management Associates (HMA) to conduct an independent and rigorous evaluation of the CWP. The final Evaluation Design document received CMS approval on December 6, 2022.

Demonstration Goals 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 had the following goals and hypotheses:

Demonstration Goal #1: Increased Access to Needed Services and Supports

1. **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.
2. **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.

[1] One exception is that data from the Provider Survey that are included in this report are through December 21, 2024.

Demonstration Goal #2: Increased Independence of Participants

3. **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.
4. **Hypothesis 2b:** The CWP will result in higher utilization of self-directed services compared to the ID and LAH waivers.

Demonstration Goal #3: Increased Community Integration of Participants

5. **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.
6. **Hypothesis 3b:** The CWP 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.

Demonstration Goal #4: Prevention of Escalation of Needs of Participants

7. **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.
8. **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.

Demonstration Goal #5: Increased Stability and Quality of Providers

9. **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 direct support professionals (DSPs) employed by provider agencies.
10. **Hypothesis 5b:** The CWP will result in participating provider agencies reporting greater organizational stability compared to ID and LAH waiver providers.
11. **Hypothesis 5c:** A key objective of the CWP is to increase the quality of services; this measure assesses agencies who have been independently accredited
12. **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.

Evaluation Design and Results

The design of the Alabama CWP demonstration evaluation is a repeated cross-sectional design (also referred to as time-series design). In general, data related to these measures are being 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.

To fully evaluate the impact of the CWP, thirty measures were developed. In the first three years of the demonstration, a number of these measures offer information about the impact of the demonstration.

Data suggest that the CWP waiver is trending in the right direction in terms of HCBS costs, as well as emergency enrollment data, and the proportions of CWP participants utilizing self-direction, engaging in competitive integrated employment, and receiving a diversity of services. However, a small number of measures, such as the cost of non-HCBS services, consistency of support coordinator relationships, and the proportion of participants with multiple strategy types in their person-centered plans, are less positive for CWP relative to ID/LAH. In measures with disaggregated regional data, some differences are noted between CWP 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 widely across CWP Regions. The following section provides an overview of major conclusions to date in the CWP Demonstration.

Demonstration Goal #1: Increased Access to Needed Services and Supports

Evaluation measures indicate that the Demonstration is making progress on meeting this goal. The number of funded slots has increased, net new enrollments have increased, while emergency enrollments in CWP counties are lower than in non-CWP counties. Additionally, per person, per month costs for CWP participants were lower than for ID/LAH participants.

Demonstration Goal #2: Increased Independence of Participants

Evaluation measures indicate that the Demonstration is making significant progress on meeting this goal. A higher percentage of CWP enrollees are working in competitive integrated employment than ID/LAH enrollees, and CWP enrollees utilize self-directed services at much higher rates than ID/LAH enrollees.

Demonstration Goal #3: Increased Community Integration of Participants

Evaluation measures indicate that the Demonstration is making significant progress on meeting this goal. The percentage of CWP participants living in settings that are not provider-owned or controlled is double that of ID/LAH participants, and a higher percentage of CWP participants had non-Medicaid funded support in their person-centered plan, compared with ID/LAH participants. However, a lower percentage of CWP enrollees had multiple support strategies in their person-centered plan, compared with ID/LAH participants.

Demonstration Goal #4: Prevention of Escalation of Needs of Participants

Evaluation measures indicate that the Demonstration is making progress on meeting this goal. The percentage of CWP enrollees that experienced a crisis is lower than the percentage for ID/LAH, and the average number of crises experienced by CWP enrollees is lower than the average for ID/LAH participants.

Demonstration Goal #5: Increased Stability and Quality of Providers

Evaluation measures indicate that the Demonstration is making progress on meeting this goal. CWP providers' self-assessed ratings of stability and other indicators of stability including amount of cash reserves and ratings of financial health were generally higher overall than those of their ID/LAH counterparts, although there was a slight decline in the degree of the level of agreement to which all providers reported being stable between baseline and evaluation midpoint. Self-assessed ratings of their overall quality and their capacity to provide quality services are expressed at higher degrees of agreement by CWP providers as compared to ID/LAH providers. Only-ID/LAH providers indicated below-average ratings of overall quality and their capacity to provide quality services in a significant decrease from baseline to mid-point. However, staff turnover of DSPs was significantly higher among CWP

providers as compared to ID/LAH providers.

SECTION B: General Background Information

The Alabama Medicaid Agency (Medicaid), working closely with the Alabama Department of Mental Health (ADMH) and its Division of Developmental Disabilities (DDD) 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. This Interim Report covers the period from October 21, 2021, through September 30, 2024.[2]

The CWP 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

As of the beginning of the demonstration, ADMH-DDD supported about 5,700 Alabamians with ID through two 1915(c) waiver programs: the HCBS Waiver for Persons with Intellectual Disabilities (ID) and the HCBS Living at Home (LAH) Waiver for Persons with Intellectual Disabilities. Waiver enrollees reported 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.[3]

However, ADMH-DDD faced 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.[4]
- **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. [5]
- **Disproportionate spending on residential habilitation.** Prior to the demonstration, provider-controlled residential services accounted 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.[6]

---

[2] One exception is that data from the Provider Survey that are included in this report are through December 21, 2024.

[3] "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

[4] 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).

[5] Larson, 61 (Table 2.1).

[6] 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.[7] At the same time, spending on integrated employment services represented only 2.4 percent of total day and employment expenditures.[8]
- **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.[9] However, 42 percent of the state's NCI-IDD survey respondents who do not have a paid community job report that they would like one.[10]
- **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.[11] 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 annual unduplicated available slots between the four 1915(c) waiver enrollment groups and the expenditure authority group as well as between regions.)

---

[7] 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

[8] 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

[9] "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.

[10] "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.

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

- 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 contracted with Health Management Associates (HMA) to conduct an independent and rigorous evaluation of the CWP.

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 the final Evaluation Design document, which received CMS approval on December 6, 2022.

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 CWP covers five distinct enrollment groups: the 1915(c) waiver established four enrollment groups (Groups 1-4), and the section 1115 demonstration established 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 is enrolling 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.

Section C. 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 was 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 is assessing overall trends and progress toward the goals of the demonstration in the following evaluation questions:

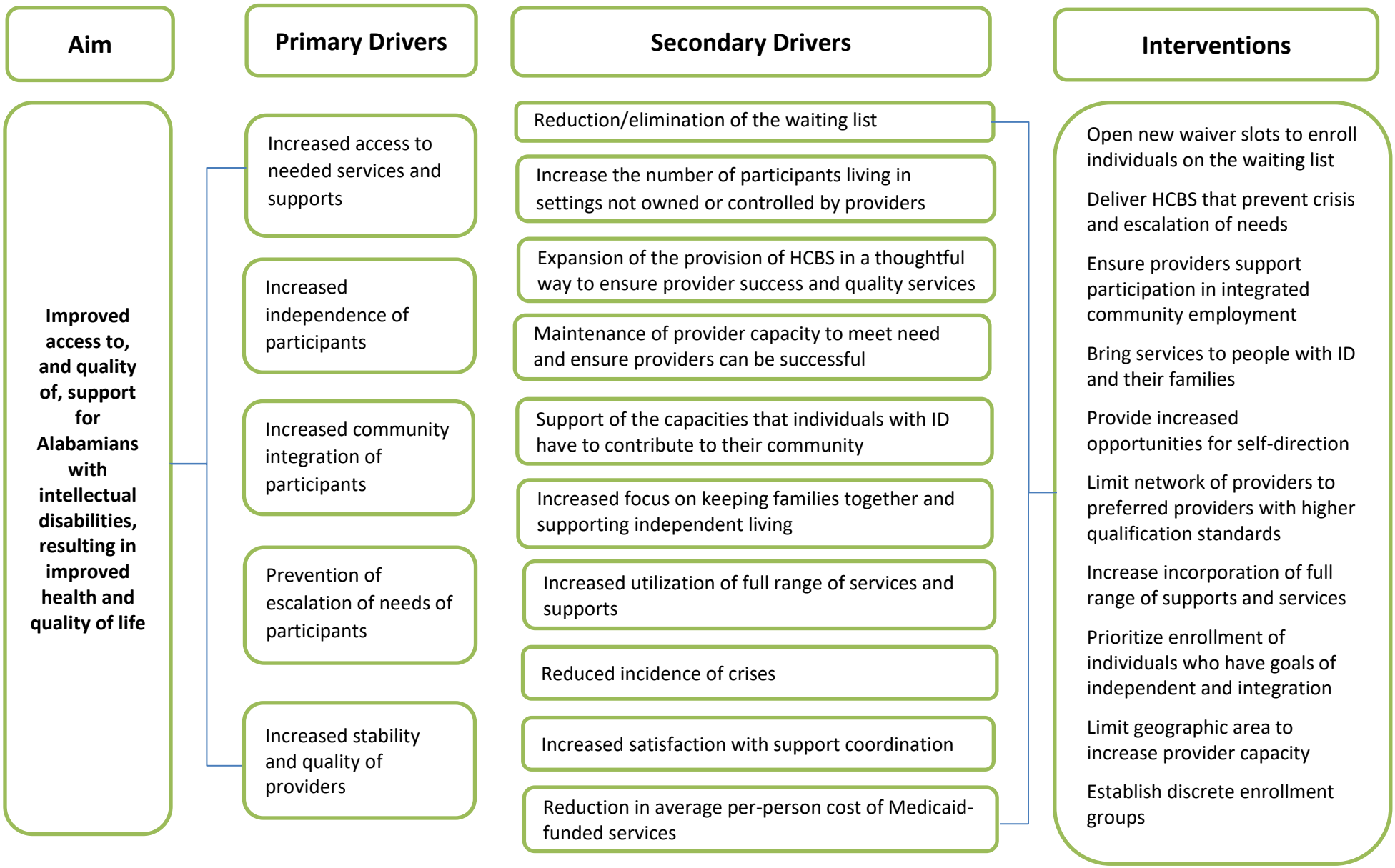
- To what degree does the CWP result in expanded capacity to serve more individuals and an increased number of annual enrollments of individuals from the ADMH-DDD waiting list?
- To what degree does the CWP have lower per-person costs for Medicaid-funded services, inclusive of waiver and state plan services,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



Hypotheses About the Outcomes of the Demonstration

For this demonstration, the state had the following hypotheses:

13. **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.
14. **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.
15. **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.
16. **Hypothesis 2b:** The CWP will result in higher utilization of self-directed services compared to the ID and LAH waivers.
17. **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.
18. **Hypothesis 3b:** The CWP 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.
19. **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.
20. **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.
21. **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 DSPs employed by provider agencies.
22. **Hypothesis 5b:** The CWP will result in participating provider agencies reporting greater organizational stability compared to ID and LAH waiver providers.
23. **Hypothesis 5c:** A key objective of the CWP is to increase the quality of services; this measure assesses agencies who have been independently accredited
24. **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.

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

Section D. Methodology

Overview of Evaluation Design

The design of the Alabama CWP demonstration evaluation is a repeated cross-sectional design (also referred to as time-series design). In general, data related to these measures are being 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 has been, and continues to be, employed. As described in more detail below, for many measures, data are being 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 are being 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 are being 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 Evaluation Design (Appendix A) and are summarized below. Each measure addresses one or more hypotheses and is designed to answer one or more evaluation questions. The evaluation is relying on both administrative data and information collected through participant and provider surveys. Together, these data are providing a picture of the ways in which the interventions that comprise the demonstration work achieve the 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 all individuals enrolled in the ID and LAH waivers or all ID and LAH waiver providers. For measures that are based on a survey (including the Provider Stability Survey, Accreditation Survey, and Individual and Family Support Coordination Satisfaction Survey), the data are based on the sampling of providers or individuals that responded to each survey. Due to geographically driven differences related to the local economy, workforce issues, and provider capacity, there are 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.

Evaluation Period

The demonstration approval period is from October 21, 2021, through September 30, 2026. The demonstration evaluation is relying upon data collected throughout the five-year demonstration period. The regular collection and review of data ensures the state has had the ability to make data-informed adjustments to the program in a timely manner. For measures that rely on primary data collection from service providers, surveys have been conducted at baseline and mid-point and will be collected in the

final year in order to avoid over-burdening providers. This interim report covers the period November 1, 2021, through September 30, 2024.

Evaluation Measures

As discussed above, the CWP represents a new approach to delivering services to Alabamians 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 – has allowed 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 has provided an ideal comparison group.

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 following pages, the evaluation is comprised of thirty (30) measures to test the state's twelve hypotheses. Taken together, the measures are offering a comprehensive and multifaceted assessment of the impact of the CWP demonstration and the extent to which it is achieving its stated goals.

Data Sources

Various data sources were utilized to calculate each measure. In general, data sources come from ADMH and Medicaid systems data, including claims data, enrollment data, employment data, person-centered plan data, and crisis reporting. Other sources of data include the provider stability survey (available as Attachment A), accreditation survey (Attachment B), and individual and family survey (available as Attachment C) which were administered and analyzed by the evaluation team. Some data, including self-directed claims (or FMS data) was provided by 3rd party vendors that are contracted with ADMH to process self-directed claims and payments.

Table 1 lists all measurements, the data sources used for each measurement, and details the years that have been included for reporting. The data source Therap refers to ADMH's electronic health record database used to track participant records, case management activities, employment records, person-centered plans, and other participant records. If a particular year is not included, the reasons for exclusion are noted in the Results section of the report.

Table 1: Data Sources and Reported Years by Measure

Measure	Data Source(s)	Reported Years		
		Year 1	Year 2	Year 3
M1. Available slots	Summary data from ADMH	Y	Y	Y
Measure 2. Individuals enrolled from the waiting list	Medicaid enrollment files	Y	Y	Y
Measure 3. Per-person cost	ADMH payment data (HCBS) and Medicaid payment data (non-HCBS)	N	Y	Y
Measure 4. Working-age individuals in competitive integrated employment	Therap	Y	Y	Y
Measure 5. Growth in number of working-age individuals who work in competitive integrated employment	Therap	Y	Y	Y
Measure 6. Working age individuals who received services intended to assist with achieving competitive integrated employment	Therap and ADMH payment data	N	Y	Y
Measure 7. Utilization of self-direction	ADMH payment data	N	Y	Y
Measure 8. Spending delivered through self-directed services	ADMH payment data	N	Y	Y
Measure 9. Individuals living in settings that are not provider-owned or controlled	Therap	N	Y	Y
Measure 10. Individuals who continue to live in settings that are not provider-owned or controlled	Therap	N	Y	Y
Measure 11. Participants with non-Medicaid supports in their plans	Therap	Y	Y	Y
Measure 12. Support strategies not paid by Medicaid	Therap	Y	Y	Y
Measure 13. Individuals with diverse support strategies in their person-centered plan (PCP)	Therap	Y	Y	Y
Measure 14. Allocation of spending	ADMH payment data	N	Y	Y
Measure 15. Service utilization	ADMH payment data	N	Y	Y

Measure	Data Source(s)	Reported Years		
		Year 1	Year 2	Year 3
Measure 16. Individuals who experience a documented crisis	Therap	N	Y	Y
Measure 17. Crises experienced by individuals	Therap	N	Y	Y
Measure 18. Emergency enrollments due to crises	Therap	N	Y	Y
Measure 19. Individuals who remain in Group 5	Medicaid enrollment file	Y	Y	Y
Measure 20. Average hourly wages of direct support workers	FMS Payment Data	N	Y	Y
Measure 22. Self-reported provider agency stability	Provider Stability Survey (HMA-Administered)	See Note 1		
Measure 24. Independent accreditation	Accreditation Survey (HMA-Administered)	See Note 2		
Measure 25. Individual experience	NCI Survey	N/A	N/A	Y
Measure 26. Critical Incidents	Therap	N	Y	Y
Measure 27. Turnover rates for support coordinators	Therap	N	Y	Y
Measure 28. Continuity of participants' support coordinators	Therap	N	Y	Y
Measure 29. Individual satisfaction with support coordination services	Individual and Family Survey	N	Y	Y
Measure 30. Family/guardian satisfaction with support coordination services	Individual and Family Survey	N	Y	Y

Note 1: Baseline survey administered June 2023 (requesting data from January 1, 2022 – June 30, 2022) and mid-point survey administered in February 2025 (requesting data from July 1, 2024 – December 31,2024).

Note 2: The 1st Accreditation Survey cycle was administered between July and December of 2024 for data as of November 1, 2023. The 2nd Accreditation Survey cycle administered between November and December 2024 for data as of November 1, 2024.

SECTION E: Methodological Limitations

Some methodological limitations were anticipated and were described in the initial Evaluation Design. Additional methodological limitations arose and were handled throughout the first three years of the evaluation. All of the methodological limitations that have arisen are described here, along with the methods used to manage these limitations, and the impact of the limitations on the overall evaluation.

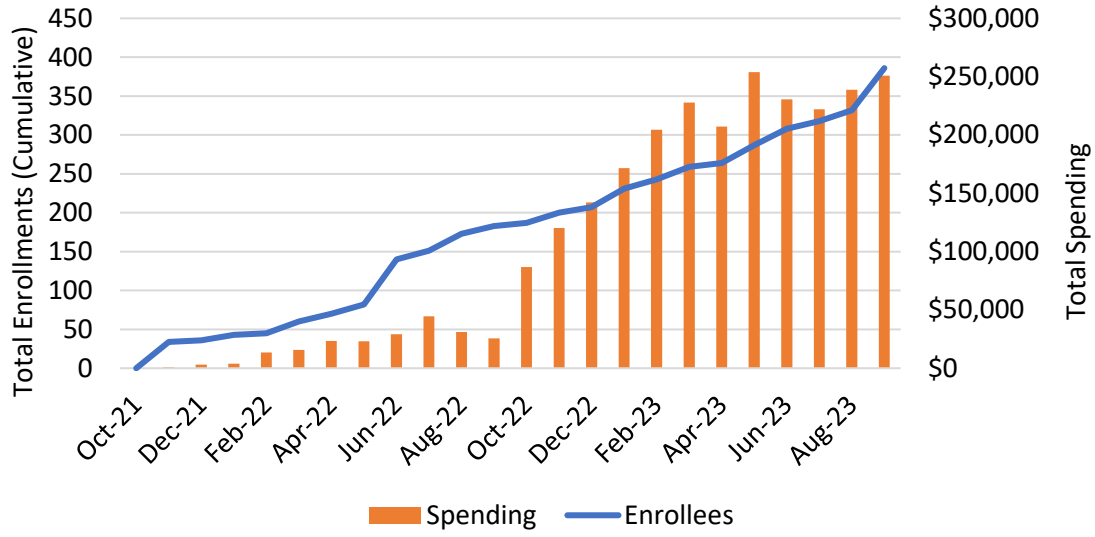
Delays in the Availability of Data

There were three primary delays in the availability of data in Year 1. These were related to the gradual roll out of the demonstration, a delay in a database conversion, and lack of availability of data in Year 1.

Gradual Roll Out of the Demonstration

First, in Year 1 of the demonstration, the CWP waiver rolled out gradually, at a pace that would allow for necessary infrastructure development, capacity building, and effective implementation at the provider and service delivery level. This gradual roll out resulted in enrollment numbers and resulting service utilization data that were too low for reliable data analysis or valid comparisons to the legacy waiver in Year 1. Chart 1 demonstrates the gradual roll out of the CWP for each month of the first two years of the demonstration, where the first enrollment took place in November 2022. The chart includes total monthly spending to further demonstrate a relatively slow ramp-up in actual service utilization in Year 1.

Chart 1: CWP Cumulative Enrollments and Total Spending by Month, Year 1 and Year 2 of Demonstration



While this delayed the ability to conduct some data analyses related to Hypotheses 1-4 for Year 1, it was critical for the successful implementation of the demonstration. Because the demonstration is five years, there is still sufficient time to conduct all evaluation activities and analyses, even with the slow roll out in Year 1.

In some cases, Year 2 provided the first opportunity for baseline data to be collected, so comparison data were only available in Year 3. For example, baseline data were collected to measure provider stability in Year 2, so Year 3 was the first opportunity to conduct comparison analyses. Additional analyses will be conducted in Years 4 and 5, providing ample time to monitor and detect changes and progress toward intended outcomes. As another example, Individual Experience data from the National

Core Indicators (NCI) Survey data were available in Year 3 (reflecting National Core Survey data from demonstration Year 2 due to reporting lag time) but not prior to that for CWP participants. Additionally, the sample size for ID/LAH waiver was 518 participants, but for CWP it was 33 participants and data were incomplete for these 33 participants, resulting in data for only 15-17 participants for some items (related to participating in activities) and much fewer for other items. To address these challenges in the future, the State has increased the NCI sample size.

Delay in Database Conversion

Second, the conversion of critical incident data from the former General Events Reporting database to the new Therap system was delayed. This resulted in manual data collection to inform crisis experience measures. Resources were limited to conduct this data collection, resulting in data for Year 1 that were not complete. Therefore, analyses are currently based on Years 2 and 3 only. As with other measures, these data will continue to be collected in Years 4 and 5, allowing for more complete analyses.

Lack of Availability of Data

Third, in Year 1, the evaluation was hindered by lag times for claims data that did not allow for timely analysis, and/or the quality of certain data sets was not yet high enough to be reliable. The evaluation team performed some limited testing of administrative data (such as validating information that could be compared to claims data, reviewing open-ended fields for consistency with data reported from fixed value fields, comparing participant enrollment data from different data repositories, and more.) Based upon that testing, some gaps and discrepancies were identified and the state increased training and improved reporting processes to improve reliability and accuracy. While many new data systems and processes were developed early during the demonstration, some data systems and processes needed for the evaluation were still under development or were unstable and needed refinement in the beginning of Year 3. For example, three measures related to documented crises and critical incidents were not yet reported in demonstration Year 3 due to the need to develop alternative reporting mechanisms in order to incorporate this data for the entire demonstration. HMA worked with the State to complete processing of the data, and these data are presented in this interim evaluation report.

For this interim report, while tests of statistical significance were conducted for all measures for which sufficient data existed at the time, it was not possible to conduct Difference in Difference (DID) or Interrupted Time Series (ITS) analyses in time for inclusion in this interim report. It is anticipated that sufficient data will exist to allow for DID or ITS to be conducted for inclusion in the final report.

Challenges with Provider and Participant Data

Another limitation is related to challenges with provider and participant data.

Measures of provider stability, which rely on consistent participation by provider respondents and categorization of providers by CWP versus ID/LAH (legacy) for comparison purposes, are hampered by provider disenrollment, which results in small sample sizes. Reliability and consistency of data are also challenged by turnover of staff at provider agencies.

Additionally, the evaluation has faced and overcome challenges with collecting data from participants via the Support Coordinator Satisfaction Survey. In the first year of implementation of the survey, the response rate was lower than expected. Therefore, in subsequent years, the sample size was increased, additional efforts were made by the state to update mailing addresses and email addresses, and outreach efforts were increased. This resulted in higher response rates.

Updated Medicaid IDs of Participants

During the demonstration period, Medicaid updated approximately 1,800 Medicaid IDs, resulting in these participants potentially having two Medicaid IDs. This resulted in matching errors in several of the measurements initially. This was resolved by aligning IDs based on crosswalks provided by ADMH between older and newer Medicaid IDs.

Change in Methodology Related to Emergency Enrollments

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. Therefore, the methodology was modified to measure the rate of emergency enrollment as a proportion of total enrollments for each (CWP total enrollments and ID/LAH total enrollments.)

Differences in Population Characteristics

There are some differences in the CWP and Legacy populations that are worth noting and understanding when reviewing comparative statistics throughout the report. First, CWP participants are, on average, younger than legacy waiver participants. Table 2 below compares the average and median age levels as of the end of Year 1 and Year 3 across waivers.

Table 2: Median and Average Age as of the End of Year 3 by Waiver

Waiver	Median Age	Avg. Age
CWP	27.2	28.7
Legacy (Total)	43.5	45.1
ID Waiver	45.9	46.3
LAH Waiver	35.1	36.6

As the table shows, the average age of CWP participants is nearly 18 years younger than legacy waiver participants. Additionally, comparisons of outcomes at the regional level may also be influenced by differences in the distribution of CWP and Legacy participants across the five CWP regions. Table 3 compares the distribution of participants by CWP region at the end of Year 3.

Table 3: Distribution of Participants by Region in Year 3

CWP Region	CWP		Legacy	
	Ct.	Pct. of Total	Ct.	Pct. of Total
Region 1	101	21%	723	24%
Region 2	117	24%	464	15%
Region 3	120	25%	694	23%
Region 4	63	13%	473	16%
Region 5	85	17%	657	22%

As the figure shows, Region 2 hosts relatively more CWP participants as a percentage of the total population (24 percent) compared to Legacy waivers, in which only 15 percent reside in Region 2.

Additionally, there is a relatively lower concentration of CWP participants in Regions 4 and 5 compared to the Legacy waivers, ranging from 3 percentage points lower in Region 4 to 5 percentage points in Region 5.

Change in Measure 18 Definition

A change was made in the measure definition for Measure 18. The original measurement description appears below:

> *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*

The measurement was revised as follows:

> *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*

The original methodology defined the numerator as the number of emergency enrollments and the denominator as the number of individuals on the waiting list for the Legacy or CWP waivers. The revised methodology re-defines the denominator as the total count of enrollments (regardless of waiver), with no change to the numerator. As this measure is designed to assess the extent to which documented crises result in an emergency enrollment (with the hypothesis being that the proportion will be lower in counties where the CWP operates compared to counties in which it does not operate), the evaluation team determined that total actual enrollments was a more relevant baseline of comparison than the total number of individuals on the wait list.

Change in Measure 26 Definition

A change was made in the measure definition for Measure 26. The original measurement description appears below:

> *The number of total critical incidents attributable to CWP providers as a percentage of total enrollees compared to ID/LAH providers based on defined crises*.

The revised measure appears follows:

> *Proportion of individuals with at least 3 critical incidents during the year (M26a) and average critical incidents per enrollee (M26b)*

Because so few providers serve *only* the CWP, the comparison to providers serving the legacy waivers (and in many cases, both the legacy waivers and CWP) generated observation sizes for the demonstration group that were too small to rely upon. For example, in Year 3, only 1 enrollee had critical incidents that would be reported under the former measure definition (as affiliated with a CWP-only provider) compared to several thousand observations (as counted by critical incidents rather than enrollees) under the Legacy waivers. The change in the measurement was designed to shift the focus back to the enrolled population by waiver (consistent with nearly all other measures in the evaluation design) rather than the provider focus given a limited pool of CWP-only providers to make meaningful comparisons over time.

SECTION F: Results

The findings from HMA's assessment of each of Alabama's CWP demonstration goals are provided here in Section F. Each demonstration goal serves as a heading. Measures are reported for each goal as they relate to the evaluation questions posed in the Evaluation Design Plan.

Demonstration 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.

Measure 1. Available slots

Description of Measure: Total number of funded slots across the CWP and ID and LAH waivers

Objective: A key objective of the CWP is to expand the number of eligible individuals with ID receiving HCBS; this measure assesses system capacity

Sample Population/Comparison Group: Funded slots across the entire system (ID and LAH waivers and CWP); changes tracked over the duration of the demonstration

Analysis and Results: Funded slots provide a measure of system capacity for enrollment, based upon available state resources. This measure does not reflect the number of enrolled participants for the year. As shown in Table 4, CWP slots more than doubled from Year 1 to Year 3, and now make up 16.4% of total slots available, up from 7.7% in Year 1. The total number of slots available has increased by 167 slots from Year 1 to Year 3, an increase of 2.6%. ***The increase in funded slots from Year 1 to Year 3 suggests that progress is being made on this key objective of the CWP.***

Table 4: Available Slots (Demonstration Year 1 through Year 3)

	Year 1	Year 2	Year 3
CWP Slots	500	1,097	1,098
Percent of Total Slots	7.7%	16.4%	16.4%
ID/LAH Slots	6,029	5,598	5,598
Percent of Total Slots	92.3%	83.6%	83.6%
Total Slots	**6,529**	**6,695**	**6,696**

Measure 2. Individuals enrolled from the waiting list

Description of Measure: 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

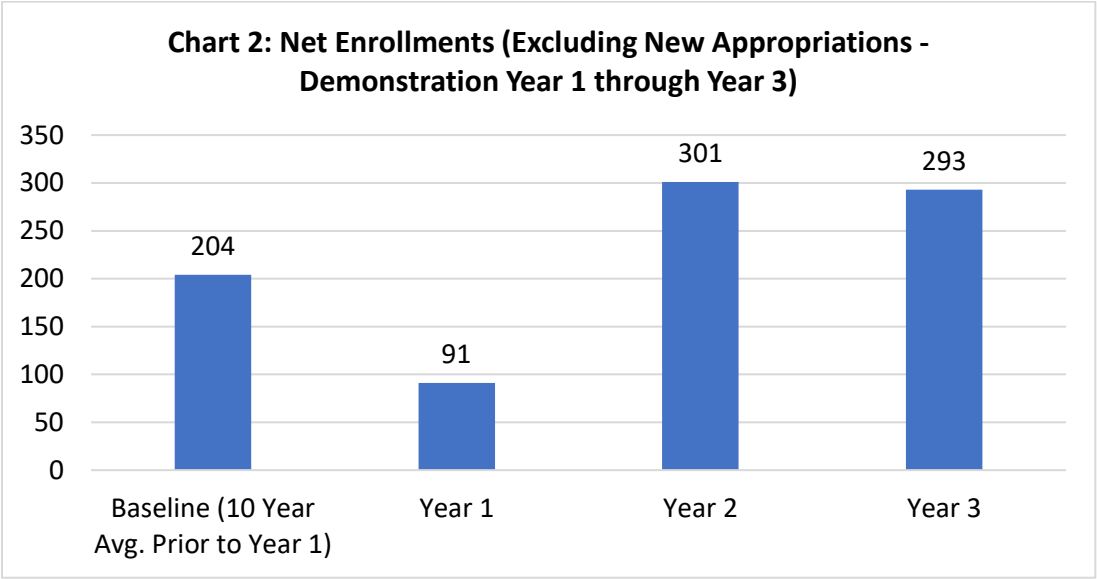
Objective: A key objective of the CWP is to expand the number of eligible individuals with ID receiving HCBS; this measure assesses enrollment

Sample Population/Comparison Group: Enrollees across the entire system (ID and LAH waivers and CWP); changes tracked over the duration of the demonstration

Analysis and Results: As illustrated in Table 5 and Chart 2, there were 91 net enrollments (excluding enrollments from new appropriations) in Year 1, compared to the 10-year baseline average of 204 in a year. In Years 2 and 3, the number of new enrollments was 301 and 293, respectively, which is nearly 50% more than baseline. ***These data suggest that the CWP demonstration is meeting the goal of expanding the number of individuals receiving services.***

Table 5: Net Enrollments to Each Waiver (Demonstration Year 1 through Year 3)

	Baseline (10 Year Avg. Prior to Year 1)	**Year 1**	**Year 2**	**Year 3**
CWP Enrollments	n/a	173	208	117
Of these, number from new appropriations	n/a	173	0	0
ID/LAH Enrollments	204	91	93	176
Of these, number from new appropriations	200	0	0	0
Net Enrollments (Excluding New Appropriations)	**204**	**91**	**301**	**293**



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.

Measure 3. Per-person cost

Description of Measure: Mean per-person cost (measured on a per participant 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

Objective: 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

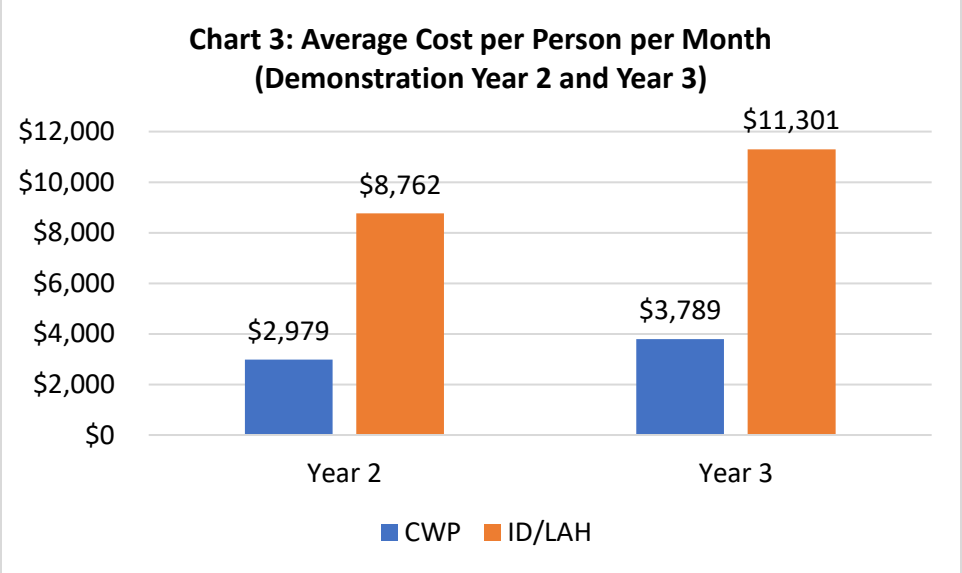
Sample Population/Comparison Group: Individuals in the CWP; comparison made to enrollees in the ID and LAH waivers (measured both in the counties where the demonstration is available and statewide)

Analysis and Results: Statewide and by individual CWP region, Medicaid service costs per person per month (including both HCBS and non-HCBS service and administrative costs) are substantially lower for CWP than for ID/LAH. HCBS Rate increases in Year 3 contribute to average cost increases across years though the scale of cost increases was larger in the ID/LAH waivers due to the higher proportion of individuals utilizing paid residential supports on the ID waiver. As illustrated in Table 6 and Chart 3, the average cost per person for ID/LAH was $5,783 more than CWP waiver participants in Year 2 (with ID/LAH costs about three times higher than CWP costs). In Year 3, that difference had grown to $7,512 (with ID/LAH costs about three times higher than CWP costs). ***A key objective of the CWP is to reduce the average per-person cost of Medicaid services. These data suggest that the CWP is achieving this objective.***

Table 6: Total Per Person Costs for HCBS and Non-HCBS Services by Waiver (Demonstration Year 2 and Year 3)

	Year 2			Year 3		
Waiver	**Total Spend**	**Total Participant Months**	**Cost per Person per Month**	**Total Spend**	**Total Participant Months**	**Cost per Person per Month**
	HCBS Claims			**HCBS Claims**		
CWP	$2,596,683	1,396	$1,860	$6,832,263	2,336	$2,925
ID/LAH	$483,183,662	58,657	$8,237	$481,785,405	44,692	$10,780
	Non HCBS Claims			**Non HCBS Claims**		
CWP	$719,236	1,307	$550	$811,329	1,473	$551
ID/LAH	$24,925,533	55,275	$451	$23,197,991	53,494	$434
	General Administrative Costs			**General Administrative Costs**		
CWP	$103,058	1,396	$74	$203,725	2,336	$87
ID/LAH	$4,330,261	58,657	$74	$3,897,636	44,692	$87
	CWP-Only Administrative Costs			**CWP-Only Administrative Costs**		
CWP	$690,927	1,396	$495	$526,891	2,336	$226
	Totals			**Totals**		
CWP	**$4,109,903**	-	**$2,979**	**$8,374,208**	-	**$3,789**
ID/LAH	**$512,439,456**	-	**$8,762**	**$508,881,032**	-	**$11,301**

Note: Year 1 not reported due to the limited spending in the CWP roll-out year



Prior to the CWP evaluation (based on fiscal year 2020 claims data), the average cost per person per month for the ID/LAH waiver was $6,650 (excluding administrative costs and non HCBS service costs). Factors such as rate increases, ARPA funding, and similar influences have increased the cost of services following the implementation of the CWP evaluation.

At the CWP regional level (see *Table Set A1* in Appendix B for detailed regional tables), average ID/LAH costs per person per month were between $6,881 (Region 5) and $10,210 (Region 1) higher than the corresponding costs per person per month in the CWP waiver. Statewide, cost increases across waivers between Year 2 and Year 3 were similar – 27 percent for CWP participants and 29 percent for ID/LAH participants. However, at the regional level the variances were greater. For example there was a 6 percent cost decrease for CWP participants in Region 1 (compared to a 21 percent average cost increase among ID/ LAH participants in Region 1) and a 63 percent cost increase in Regions 4 and 5 among CWP participants (owing primarily to relatively more individuals within these regions residing in costlier paid-residential settings compared to CWP participants in other regions) while there was a 26 percent and 41 percent cost increase among ID/LAH participants in Regions 4 and 5, respectively.

Demonstration 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.

Measure 4. Working-age individuals in competitive integrated employment

Description of Measure: 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

Objective: 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

Sample Population/Comparison Group: Enrollees in the CWP; comparison made to enrollees in the ID and LAH waivers within the CWP counties

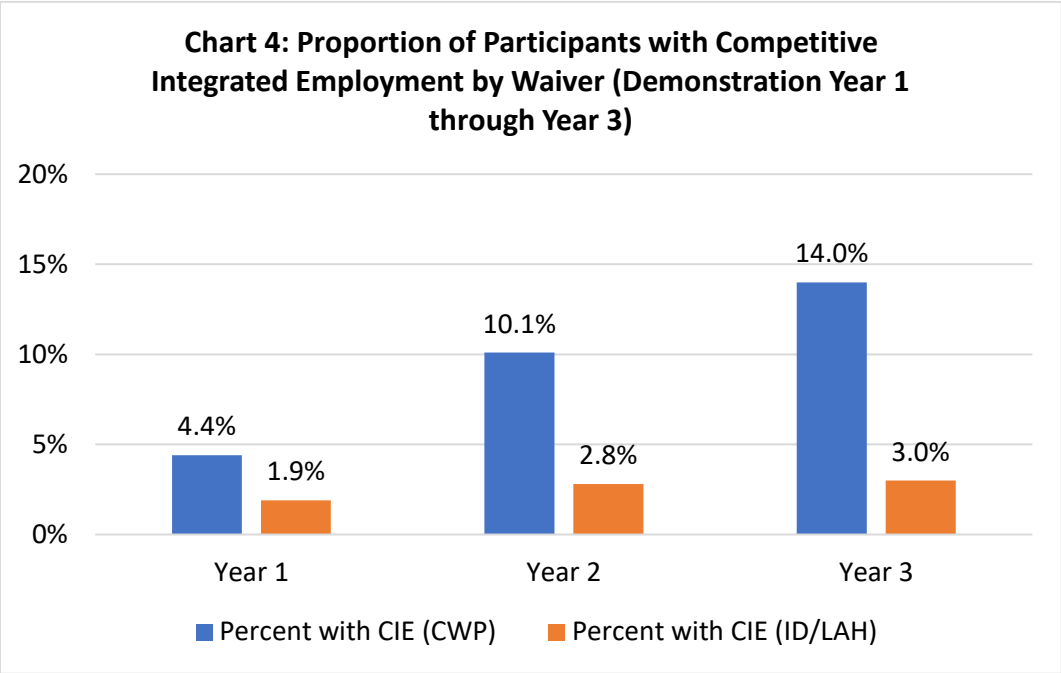
Analysis and Results: A substantially higher percentage of CWP enrollees who received an employment assessment were working in competitive integrated employment (CIE) than enrollees in ID/LAH in all three years of the demonstration. Additionally, as shown in Table 7 and Chart 4, the percentage of CWP enrollees working in CIE increased substantially from Year 1 (4.4% of those who had received an employment assessment) to Year 3 (14.0%). ***These data suggest that CWP is making significant progress on this key objective of supporting enrollees in contributing to their community through participating in competitive integrated employment.***

Table 7: Proportion of Participants with Competitive Integrated Employment by Waiver (Demonstration Year 1 through Year 3)

	Year 1		Year 2		Year 3	
	CWP	**ID/LAH**	**CWP**	**ID/LAH**	**CWP**	**ID/LAH**
Number with CIE	4	24	32	72	51	83
Number with Employment Assessments	91	1,292	318	2,596	363	2,723
Percent with CIE	**4.4%**	**1.9%**	**10.1%**	**2.8%**	**14.0%**	**3.0%**
Statistical Significance*						
CWP (Significant)	$X^2 = 6.369$, p= 0.012, p<.05					
ID/LAH (Significant)	$X^2 = 4.788$, p= 0.029, p<.05					

*p<.05 and 95% confidence level. The Chi-Square probability was tested for each waiver across Year 1 to Year 3. As suggested by the table, **the proportion of participants with CIE in both CWP**

and in ID/LAH waivers showed a statistically significant increase. However, the proportion in Year 3 for CWP remains much higher, at 14% compared to 3% in ID/LAH.



Measure 5. Growth in number of working-age individuals who work in competitive integrated employment

Description of Measure: 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

Objective: 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

Sample Population/Comparison Group: Enrollees in the CWP; comparison made to enrollees in the ID and LAH waivers within the CWP counties

Analysis and Results: The change in the percentage of ID/LAH enrollees in working in competitive integrated employment (CIE) from Year 2 to Year 3 has been minimal (from 0.9% to 1.2%) whereas the percentage of CWP enrollees in CIE from Year 2 to Year 3 increased by almost four percentage points, from 5.9% to 9.8% as demonstrated in Table 8. These changes were not statistically significant. ***However, the trend of these data suggests that CWP is making progress on this key objective of supporting enrollees in contributing to their community through participating in competitive integrated employment.***

Table 8: Growth in Count of Participants with Competitive Integrated Employment by Waiver (Demonstration Year 2 and Year 3)

	Year 2		Year 3	
	CWP	**ID/LAH**	**CWP**	**ID/LAH**
Growth in Ct. w/ CIE	28	48	47	59
Growth in Ct. w/ Employment Assessment	227	1,304	272	1,431
Percentage Point Growth Change Over Prior Year	**5.9%**	**0.9%**	**9.8%**	**1.2%**
Statistical Significance*				
CWP (Not Significant)	$X^2 = 2.369$, $p = 0.124$, $p>.05$			
ID/LAH (Not Significant)	$X^2 = 0.355$, $p = 0.552$, $p>.05$			

*p<.05 and 95% confidence level. The Chi-Square probability was tested for each waiver across Year 2 to Year 3. As suggested by the table, **although the proportion of individuals in both the CWP and ID/LAH waivers increased from Year 2 to Year 3, the growth was not statistically significant.**

Note: not reported in Year 1 (baseline data collection year)

Measure 6. Working age individuals who received services intended to assist with achieving competitive integrated employment

Description of Measure: 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

Objective: 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

Sample Population/Comparison Group: Enrollees in the CWP; comparison made to enrollees in the ID and LAH waivers within the CWP counties

Analysis and Results: The percentage of enrollees who do not work in competitive integrated employment (CIE) but received at least one paid waiver service that is intended to assist with achieving CIE across both waivers are very low. These percentages hover at about 1%, with the exception of CWP in Year 2, which showed an increase to 3.4%, as illustrated in Table 9. ***Further examination of these data in upcoming years is necessary to make any interpretations about what these data may suggest about progress on this key objective.***

Table 9: Proportion of Participants Utilizing Waiver Services That Assist in Achieving Competitive Integrated Employment by Waiver (Demonstration Year 2 and Year 3)

	Year 2		Year 3	
	CWP	**ID/LAH**	**CWP**	**ID/LAH**
Ct. w. Employment Assessment, no CIE	146	2,542	208	2,216
Ct. w/ Employment Assessment, no CIE, but at least 1 paid employment service	5	25	2	21
Pct. No CIE w/ Emp. Service	**3.4%**	**1.0%**	**1.0%**	**0.9%**

Note: Year 1 not reported due to the limited enrollment in the CWP roll-out year

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.

Measure 7. Utilization of self-direction

Description of Measure: Proportion of individuals utilizing self-directed services compared to individuals enrolled in the ID and LAH waivers

Objective: A key objective of the CWP is to empower individuals through the use of self-direction; this measure assesses the incidence of self-direction

Sample Population/Comparison Group: 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)

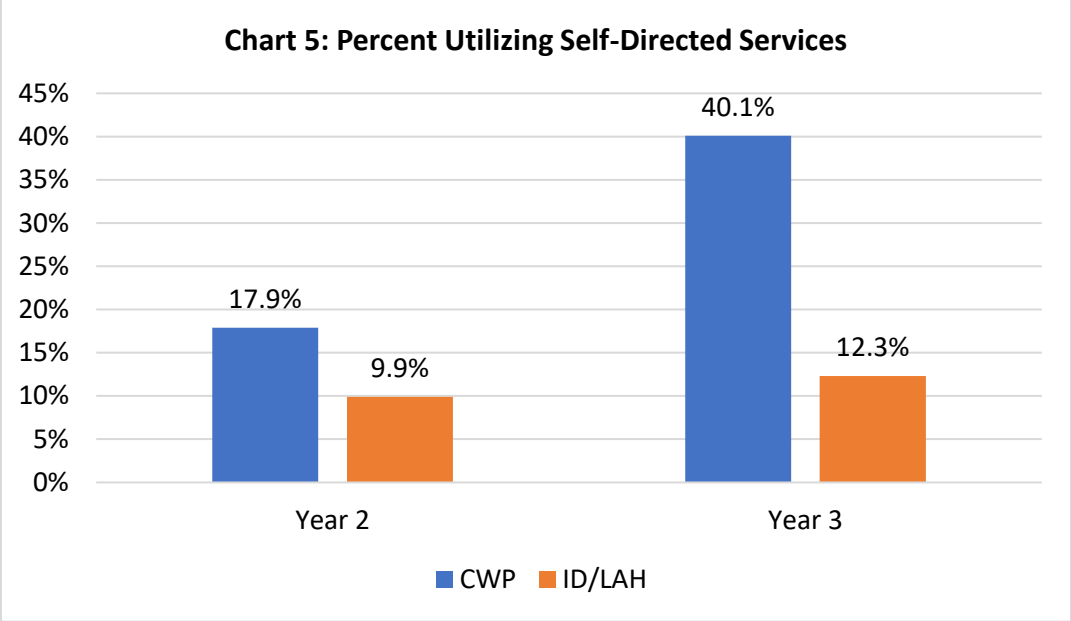
Analysis and Results: Statewide, CWP enrollees are utilizing self-directed services at much higher rates than ID/LAH enrollees. As Table 10 and Chart 5 describe, about 40 percent of all CWP enrollees utilized at least one self-directed service in Year 3 compared to only 12.3 percent of ID/LAH enrollees. Additionally, there was a 22.2 percentage point increase in the proportion of CWP enrollees using self-directed services in Year 3 compared to Year 2, while ID/LAH saw a more moderate increase of about 2.4 percentage points. ***The change from Year 2 to Year 3 was statistically significant for CWP but not for ID/LAH, suggesting that CWP is meeting the goal of increasing utilization of self-directed services.***

Table 10: Proportion of Participants Utilizing Self Directed Services by Waiver (Demonstration Year 2 and Year 3)

	Year 2		Year 3	
	CWP	**ID/LAH**	**CWP**	**ID/LAH**
Ct. Utilized Self-Directed Services	33	510	123	599
All Participants with Claims	184	5,136	307	4,868
% Utilizing Self-Directed Services	**17.9%**	**9.9%**	**40.1%**	**12.3%**
Statistical Significance*				
CWP (Significant)	$X^2 = 25.992$, p = 0.000, p<.05			
ID/LAH (Significant)	$X^2 = 14.301$, p = 0.000, p<.05			

*p<.05 and 95% confidence level. The Chi-Square probability was tested for each waiver across Year 2 to Year 3. As suggested by the table, **the increase in rates of utilization of self-directed services was statistically significant for both the CWP and ID/LAH waivers. However, the proportion utilizing self-directed services was much higher in the CWP at 40.1 percent compared to only 12.3 percent in the ID/LAH waiver.**

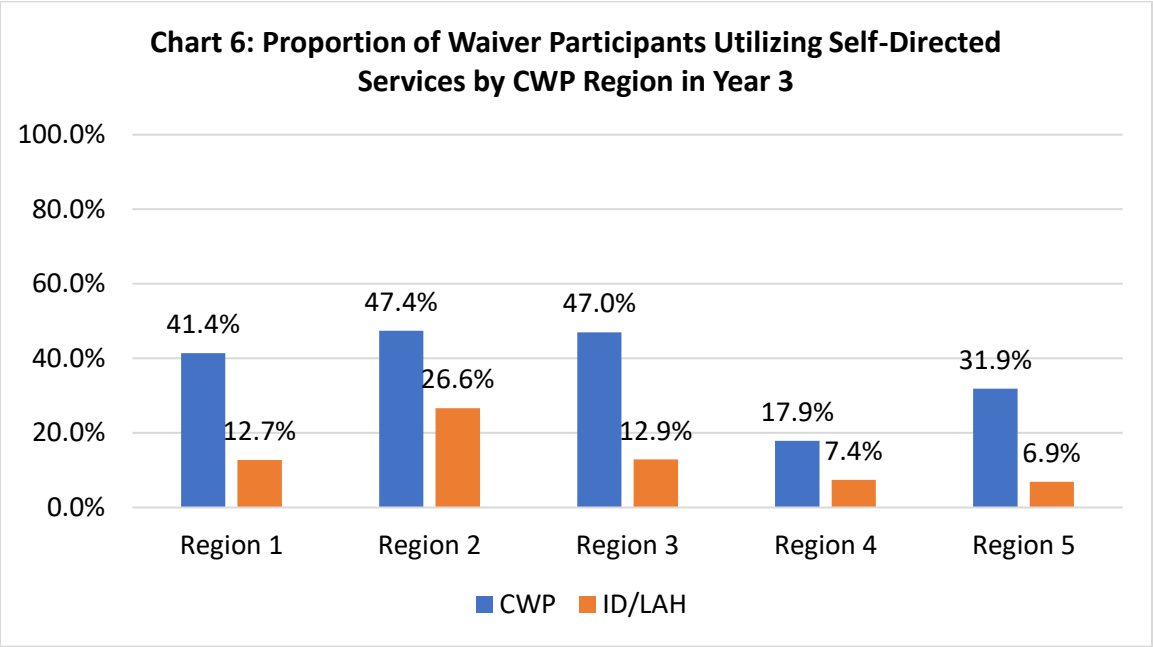
Note: Year 1 not reported due to the limited enrollment in the CWP roll-out year



Prior to the CWP demonstration, only 5.5 percent of ID/LAH participants utilized self-directed services as at least one of their supports. That rate has more than doubled in the three years since the CWP demonstration has been underway. ***These data suggest that CWP is making significant progress in meeting this key objective of empowering individuals through the use of self-direction.***

Across CWP regions, the proportion of CWP enrollees utilizing at least one self-directed service in Year 3 exceeds the proportion of ID/LAH waiver enrollees utilizing self-direction in all regions, though the scale of these differences is more pronounced in some regions than

others as illustrated in Chart 6 (see also *Table Set A2* in Appendix B for additional details).



Measure 8. Spending delivered through self-directed services

Description of Measure: Percentage of total CWP spending delivered through self-directed services compared to the ID and LAH waivers

Objective: 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

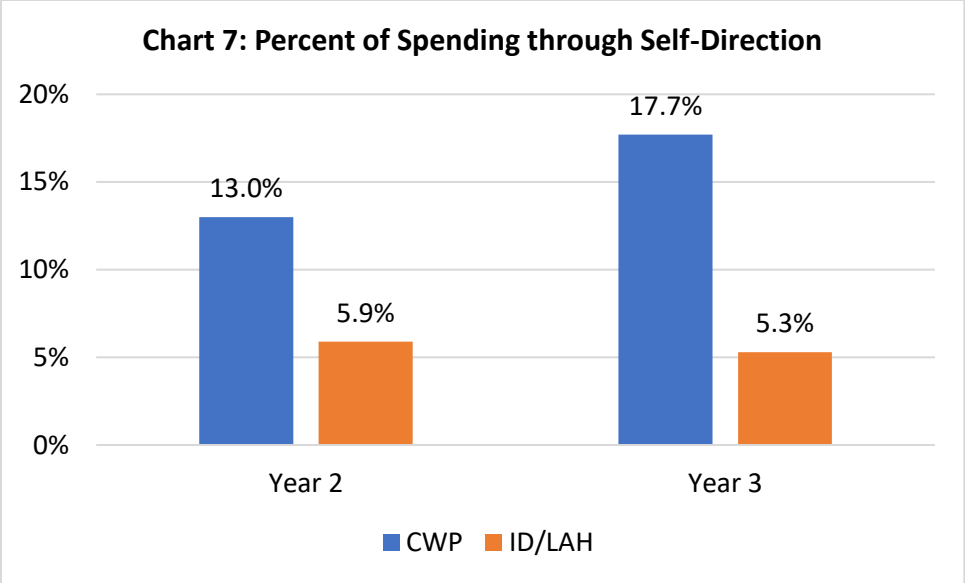
Sample Population/Comparison Group: Enrollees in the CWP; comparison made to enrollees in the ID and LAH waivers (measured both within the counties where the demonstration is available and statewide)

Analysis and Results: The percentage of CWP spending delivered through self-direction is substantially higher than the percentage in ID/LAH. As Table 11 and Chart 7 indicate, the proportion of waiver spending on self-directed services in the CWP waiver was 13.0 percent in Year 2 compared to only 5.9% in the CWP ID/LAH waiver. In Year 3, CWP self-directed service spending grew to 17.7% of total waiver spending, while self-directed service spending in the ID/LAH waivers decreased somewhat, to 5.3%. ***These data suggest that CWP is making significant progress in meeting this key objective of empowering individuals through the use of self-direction.***

Table 11: Proportion of Spending on Self Directed Services by Waiver (Demonstration Years 2 and 3)

	Year 2			Year 3		
	CWP	**ID/LAH**	**Total**	**CWP**	**ID/LAH**	**Total**
Total Self-Directed Spend	$299,634	$26,966,278	$27,265,912	$1,204,705	$25,622,577	$26,827,282
Total Waiver Spending	$2,297,049	$456,217,385	$458,514,433	$6,792,717	$481,239,123	$488,031,840
% of Spending through SD	**13.0%**	**5.9%**	**5.9%**	**17.7%**	**5.3%**	**5.5%**

Note: Year 1 not reported due to the limited spending in the CWP roll-out year



Prior to the CWP demonstration, only 2.1 percent of all ID/LAH waiver spending was self-directed, suggesting overall improvements across all waivers after the baseline year, following the implementation of the CWP demonstration.

Across all CWP regions, the proportion of CWP spending on self-directed services exceeds the proportion of ID/LAH waiver spending for self-direction (see *Table Set A3* in Appendix B for additional details). Although the outcomes were in line with the measure hypothesis for all regions, the scale of difference was most pronounced in Regions 1 and 2 and far more modest in Regions 3 and 5, with only a small difference in Region 4 as the data in Chart 8 illustrate.

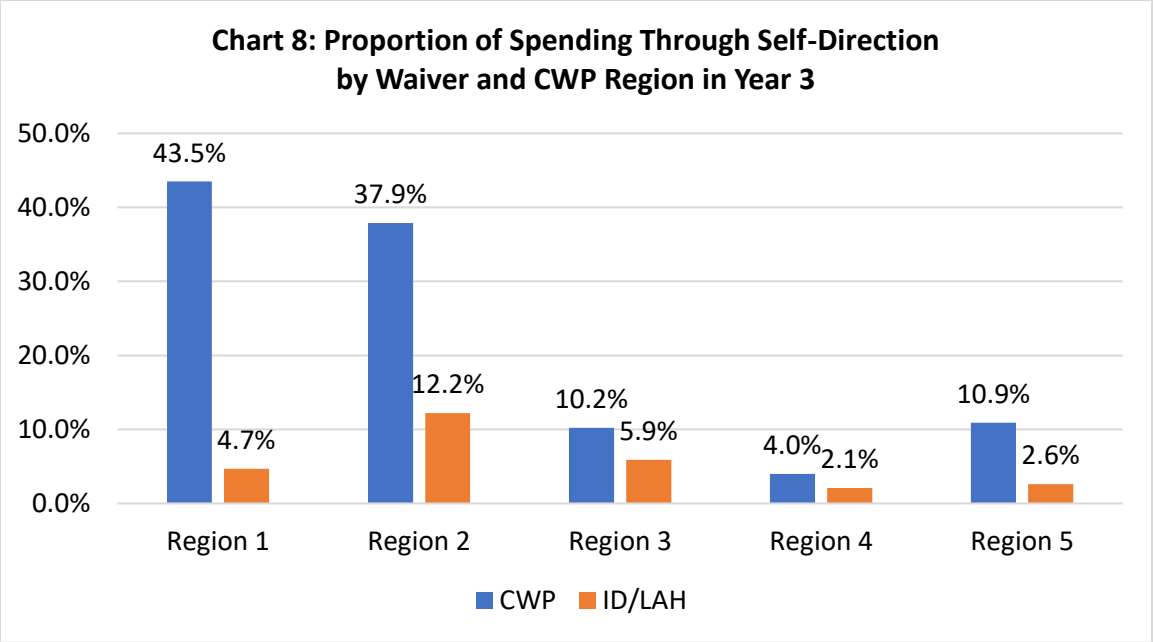


Chart 8: Proportion of Spending Through Self-Direction by Waiver and CWP Region in Year 3
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
43.5%
4.7%
37.9%
12.2%
10.2%
5.9%
4.0%
2.1%
10.9%
2.6%
Region 1
Region 2
Region 3
Region 4
Region 5
CWP
ID/LAH

Demonstration 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.

Measure 9. Individuals living in settings that are not provider-owned or controlled

Description of Measure: Percentage of individuals living in residential settings that are not provider-owned or controlled, compared to the percentage in the ID and LAH waivers

Objective: A key objective of the CWP is to support individuals in the most integrated residential settings; this measure assesses placement levels

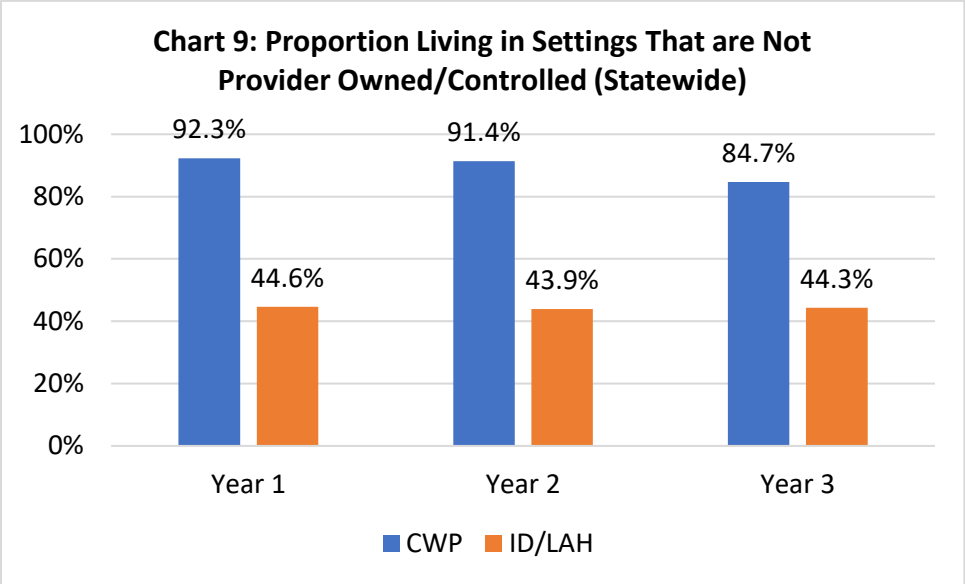
Sample Population/Comparison Group: Enrollees in the CWP; comparison made to enrollees in the ID and LAH waivers (measured both within the counties where the demonstration is available and statewide)

Analysis and Results: As Table 12 and Chart 9 illustrate, the percentage of individuals living in residential settings that are not provider-owned or controlled among CWP participants was more than double that of ID/LAH participants. However, the percentage in CWP decreased slightly from Year 1 to Year 3, while the percentage in ID/LAH has remained relatively constant. According to ADMH, a higher proportion of individuals who are being enrolled into the CWP waiver due to the need for residential settings is influencing this trend. ***These data demonstrate that the CWP is meeting the key objective of supporting waiver participants to reside in the most integrated residential settings.***

Table 12: Proportion of Participants Living in Residential Settings That Are Not Provider-owned or Controlled (Demonstration Year 1 through Year 3)

	Year 1		Year 2		Year 3	
	CWP	**ID/LAH**	**CWP**	**ID/LAH**	**CWP**	**ID/LAH**
Not Provider-owned/ Controlled	156	2,258	320	2,153	365	2,166
Provider-owned/ Controlled	13	2,807	30	2,755	66	2,723
Proportion Not Provider-owned/ Controlled	**92.3%**	**44.6%**	**91.4%**	**43.9%**	**84.7%**	**44.3%**
Statistical Significance*						
CWP (Significant)	$X^2 = 6.167$, p = 0.013, p<.05					
ID/LAH (Not Significant)	$X^2 = 0.077$, p = 0.781, p>.05					

*p<.05 and 95% confidence level. The Chi-Square probability was tested for each waiver across Year 1 to Year 3. As suggested by the table, **the decreasing proportion of CWP participants living in a setting that is not provider owned or controlled was statistically significant. There was not a statistically significant change in the proportion of ID/LAH waiver participants living in a setting that is not provider owned or controlled over the three-year measurement period.**



The proportion of CWP participants living in settings that are not provider-owned or controlled far exceeds the proportion of ID/LAH participants in every CWP region. As Chart 10 describes, the proportion of CWP participants residing in non-provider-owned or controlled settings are highest in Regions 1 and 2 and lowest in Region 3 (see *Table Set A4* in Appendix B for additional details).

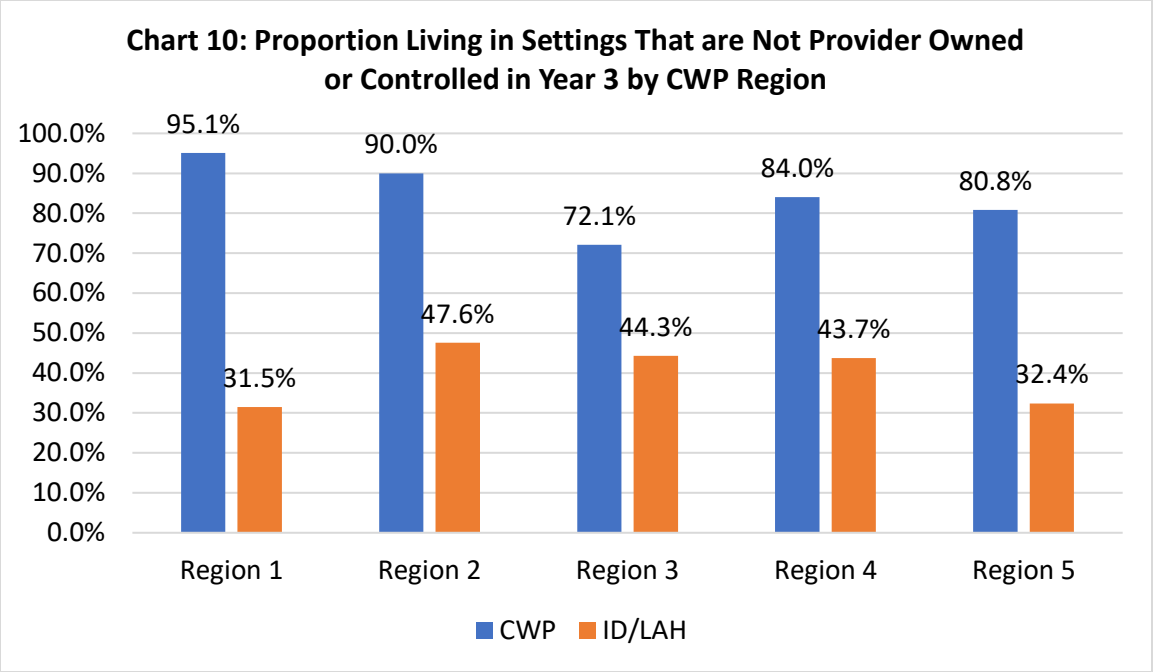


Chart 10: Proportion Living in Settings That are Not Provider Owned or Controlled in Year 3 by CWP Region
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
95.1%
31.5%
90.0%
47.6%
72.1%
44.3%
84.0%
43.7%
80.8%
32.4%
Region 1
Region 2
Region 3
Region 4
Region 5
CWP
ID/LAH

Measure 10. Individuals who continue to live in settings that are not provider-owned or controlled

Description of Measure: 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 provider-owned or controlled at the end of the evaluation year, compared to the percentage in the ID and LAH waivers

Objective: A key objective of the CWP is to support individuals in the most integrated residential settings; this measure assesses the maintenance of placements

Sample Population/Comparison Group: 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)

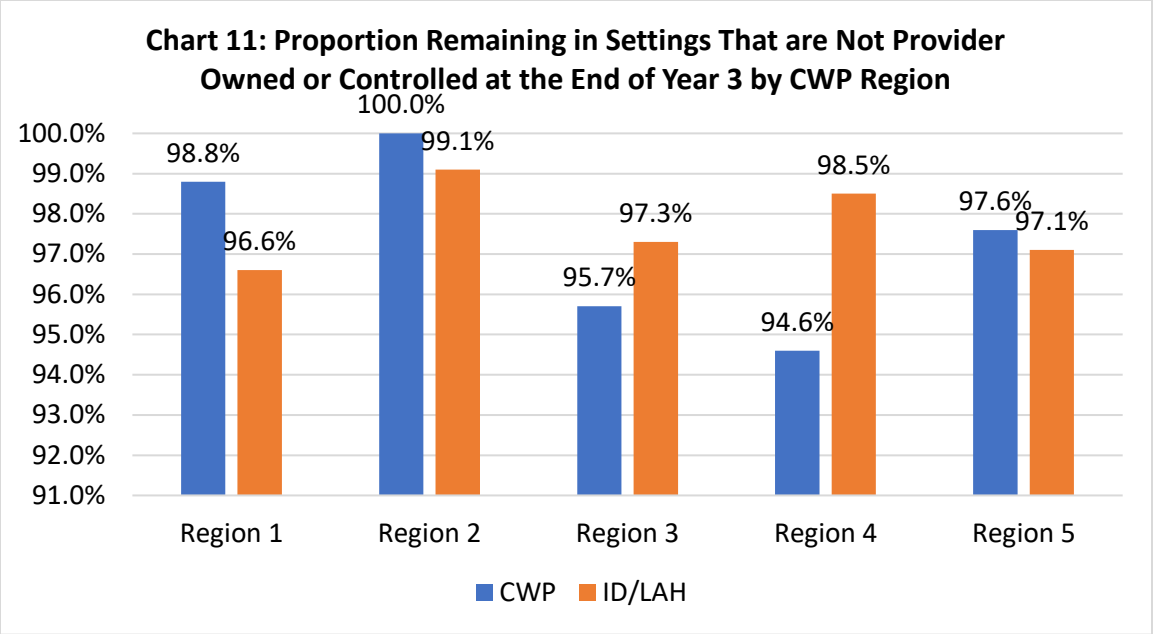
Analysis and Results: In Year 2, CWP had a lower rate of retention (92.2%) of individuals living in residential settings that are not provider-owned or controlled, compared with ID/LAH (97.7%) as described in Table 13. However, in Year 3, the rates were nearly identical (97.6% and 97.5%).

Table 13: Proportion of Participants Who Continue Living in Residential Settings That Are Not Provider-owned or Controlled Compared to the Beginning of Each Evaluation Year (Demonstration Year 2 and Year 3)

	Year 2		Year 3	
	CWP	**ID/LAH**	**CWP**	**ID/LAH**
Ct. in Setting Not Provider-owned/Controlled at Beginning of the year	257	2,137	314	2,080
Ct. Remaining in Setting Not Provider-owned/Controlled at the end of the year	237	2,087	306	2,030
Proportion Remaining in Setting Not Provider-owned/ Controlled at End of Year 2	**92.2%**	**97.7%**	**97.5%**	**97.6%**

Note: Year 1 not reported due to the limited enrollment in the CWP roll-out year

Across CWP regions, the proportion of individuals who remained in non-provider-owned or controlled settings was similar to Statewide results for both waivers. As Chart 11 reveals, the proportion of individuals remaining in non-provider-owned or controlled settings at the end of Year 3 (compared to the beginning of Year 3) was higher for CWP enrollees compared to ID/LAH enrollees in Regions 1, 2, and 5, while the reverse was true for Regions 2 and 3 (see also *Table Set A5* in Appendix B). ***These data suggest that CWP has made progress on this key objective, improving rates from Year 2 to Year 3.***



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 CWP 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.

Measure 11. Participants with non-Medicaid supports in their plans

Description of Measure: 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

Objective: 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

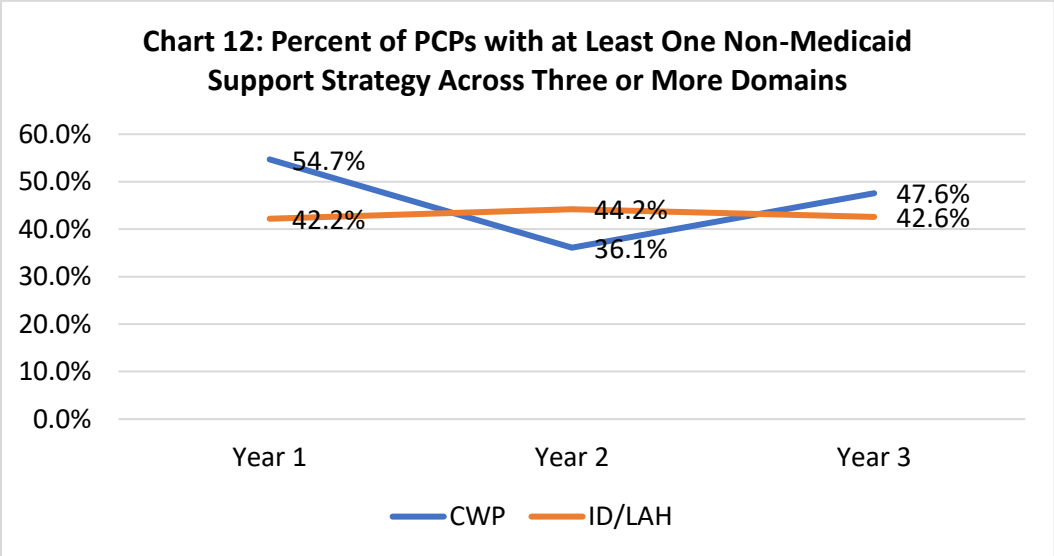
Sample Population/Comparison Group: Individuals in the CWP; comparison made to individuals in the ID and LAH waivers

Analysis and Results: As Table 14 and Chart 12 show, CWP had a greater proportion of participants with at least one non-Medicaid funded strategy in at least three life domains within their person-centered plans in Years 1 and 3. Although the Year 3 result is lower than the Year 1 result for CWP, the overall trend since Year 2 is trending upward and CWP outcomes were 5 percentage points higher in Year 3 compared to ID/LAH. ***Therefore, these data suggest that the CWP is supporting the objective of increasing the utilization of the full range of community services and supports.***

Table 14: Proportion of Participants with at Least One Non-Medicaid Funded Strategy in Three or More Domains by Waiver (Demonstration Year 1 through Year 3)

	Year 1		Year 2		Year 3	
	CWP	**ID/LAH**	**CWP**	**ID/LAH**	**CWP**	**ID/LAH**
Total participants with at Least One Non-Medicaid Support Strategy Across Three or More Domains	52	1,931	117	2,176	207	2,082
Total participants with PCPs	95	4,576	324	4,922	435	4,889
% of PCPs with at Least One Non-Medicaid Support Strategy Across Three or More Domains	**54.7%**	**42.2%**	**36.1%**	**44.2%**	**47.6%**	**42.6%**
Statistical Significance*						
CWP (Not Significant)	$X^2 = 1.596$, $p = 0.207$, $p>.05$					
ID/LAH (Not Significant)	$X^2 = 0.145$, $p = 0.703$, $p>.05$					

*p<.05 and 95% confidence level. The Chi-Square probability was tested for each waiver across Year 1 to Year 3. As suggested by the table, **there was not a statistically significant change in the proportion of CWP or ID/LAH waiver participants with at least one non-Medicaid funded strategy in three or more domains in their PCPs.**



Measure 12. Support strategies not paid by Medicaid

Description of Measure: Average percentage of non-Medicaid HCBS support strategy types in person-centered plans compared to ID and LAH waivers

Objective: 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

Sample Population/Comparison Group: Individuals in the CWP; comparison made to individuals in the ID and LAH waivers

Analysis and Results: As described in Table 15 and Chart 13, CWP and ID/LAH had a similar percentage of strategies within person-centered plans in Year 1 that were non-Medicaid funded - 39.8% for ID/LAH and a somewhat higher proportion for CWP at 41.8%. By Year 3, the proportion of strategies that were not Medicaid funded within CWP person-centered plans increased to 58.8%, while ID/LAH decreased slightly to 36.2%. ***These data suggest that CWP is making significant progress meeting the key objective of incorporating the full range of services and supports into its person-centered planning.***

Table 15: Proportion of Person Centered Plan Strategies that are Not Medicaid Funded by Waiver (Demonstration Year 1 through Year 3)

	Year 1		Year 2		Year 3	
	CWP	**ID/LAH**	**CWP**	**ID/LAH**	**CWP**	**ID/LAH**
Total Strategies That are Non-Medicaid Funded	438	14,753	942	13,903	1,547	12,751
Total Strategies	1,048	37,067	1,652	35,674	2,631	35,241
% of Strategies That are Non-Medicaid Funded	**41.8%**	**39.8%**	**57.0%**	**39.0%**	**58.8%**	**36.2%**
Statistical Significance*						
CWP (Significant)	$X^2 = 87.236$, p= 0.000, p<.05					
ID/LAH (Significant)	$X^2 = 100.368$, p= 0.000, p<.05					

*p<.05 and 95% confidence level. The Chi-Square probability was tested for each waiver across Year 1 to Year 3. As suggested by the table, **the increase in proportion of PCPs with non-Medicaid Funded strategies among CWP participants was statistically significant. While the overall decrease in the proportion of PCPs with non-Medicaid Funded strategies among ID/LAH participants was also statistically significant, the decrease was relatively small (a 3.6 percentage point decrease).**

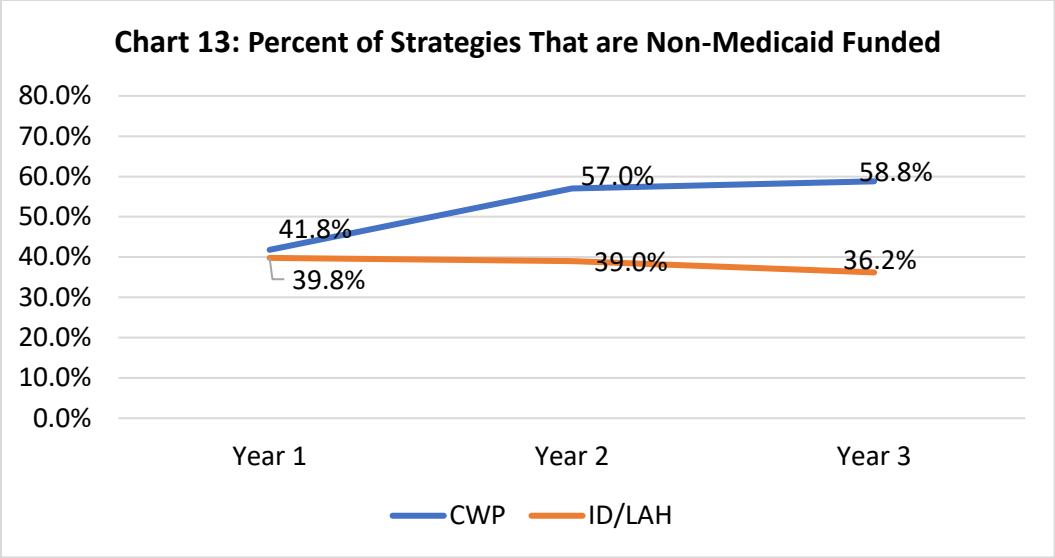


Chart 13: Percent of Strategies That are Non-Medicaid Funded
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
41.8%
57.0%
58.8%
39.8%
39.0%
36.2%
Year 1
Year 2
Year 3
CWP
ID/LAH

Measure 13. Individuals with diverse support strategies in their person-centered plan (PCP)

Description of Measure: 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

Objective: 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

Sample Population/Comparison Group: 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)

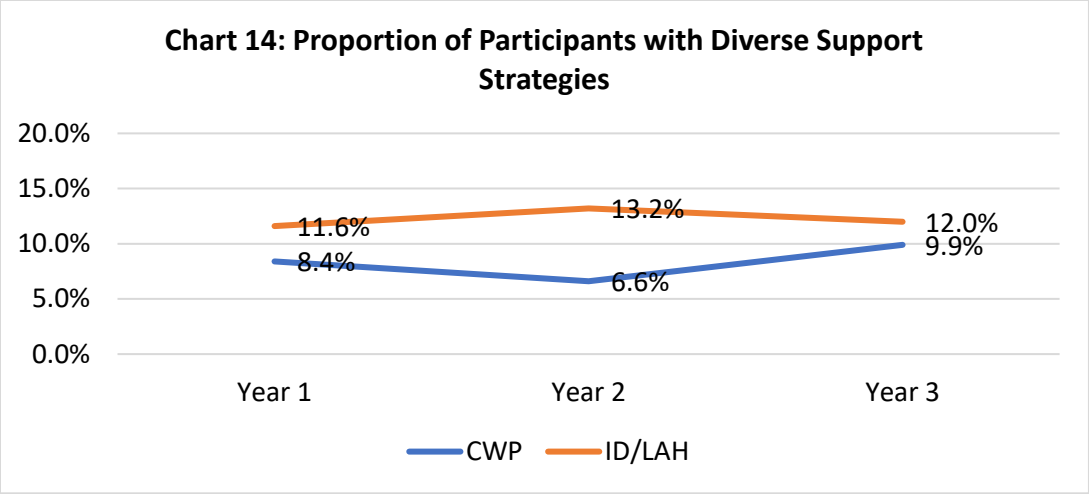
Analysis and Results: Statewide, in all three years of the demonstration, CWP had a lower percentage of individuals (between 6.6% and 9.9%) whose person-centered plans include multiple support strategy types in each of the five life domains compared with ID and LAH waivers (between 11.6% and 13.3%), as illustrated in Table 16 and Chart 14.

By Region, CWP saw some increases in Regions 3 and 4. Numbers in Regions 1, 2 and 5 were too small to determine whether progress was made. ID/LAH saw increases in Region 1 that were maintained into Year 3. Increases were made in Regions 2 and 5 in Year 2, but these were not maintained in Year 3 (see Table Set A6 in Appendix B). ***Although the overall proportion of person-centered plans with multiple strategy types increased in the CWP from Year 1 to Year 3, the evaluation team will continue monitoring progress in this measure in the coming evaluation years.***

Table 16: Proportion of Participants with Diverse Support Strategies in Their Person Centered Plans (Demonstration Year 1 through Year 3)

	Year 1		Year 2		Year 3	
	CWP	**ID/LAH**	**CWP**	**ID/LAH**	**CWP**	**ID/LAH**
Total PCPs	95	4,576	324	4,922	435	4,889
Count of PCPs with Multiple Strategy Types	8	531	23	751	48	667
% of PCPs with Multiple Strategy Types	**8.4%**	**11.6%**	**6.6%**	**13.2%**	**9.9%**	**12.0%**
Statistical Significance*						
CWP (Not Significant)	$X^2 = 0.564$, p = 0.453, p>.05					
ID/LAH (Significant)	$X^2 = 8.888$, p= 0.003, p<.05					

*p<.05 and 95% confidence level. The Chi-Square probability was tested for each waiver across Year 1 to Year 3. As suggested by the table, **the proportions of participants with diverse support strategies in their person-centered plans increased slightly from Year 1 to Year 3 within both the CWP and the ID/LAH waivers. While the increase within ID/LAH from Year 1 to Year 3 was statistically significant, the actual change was very small (from 11.6% to 12%).**



Measure 14. Allocation of spending

Description of Measure: 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

Objective: 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

Sample Population/Comparison Group: 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)

Analysis and Results: In Years 2 and 3, there were some marked differences in spending patterns between CWP and ID/LAH. For example, 78% of ID/LAH spending in Year 2 was Residential, compared with 59% of CWP spending as illustrated in Table 17. In Year three, 83% of ID/LAH spending was Residential, compared with 65% of CWP spending, as illustrated in Table 18. In other categories of spending, CWP spends a higher percentage than ID/LAH. This includes Community Integration (21% of CWP spending in Year 2 compared to 5% of ID/LAH spending; 18% for CWP in Year 3 compared to 4% of ID/LAH). The percentage of CWP spending is also higher than ID/LAH for Transportation, Respite, Individual Employment and Assistive Technology. Year 1 data are not reported due to the limited spending in the CWP roll-out year.

Table 17: Percentage of Annual Spending in Each Service Class by Waiver (Demonstration Year 2)

Statewide	Year 2			
Service Category	**CWP**	**CWP % of Total**	**ID/LAH**	**ID/LAH % of Total**
Residential	$1,392,134	59.10%	$357,976,623	77.90%
Personal Assistance	$241,821	10.30%	$46,958,464	10.20%
Day Habilitation	$6,619	0.30%	$25,065,297	5.50%
Community Integration	$488,896	20.70%	$21,709,254	4.70%
Group Employment	$11,746	0.50%	$2,631,537	0.60%
Positive Behavior Supports	$5,355	0.20%	$1,226,116	0.30%
Nursing	$0	0.00%	$1,085,947	0.20%
Transportation	$92,117	3.90%	$1,019,480	0.20%
Respite	$42,523	1.80%	$988,412	0.20%
Supported Living	$0	0.00%	$289,627	0.10%
Pre-Employment	$0	0.00%	$254,494	0.10%
Individual Employment	$35,551	1.50%	$197,692	0.00%
Therapies	$3,466	0.10%	$112,507	0.00%
Assistive Technology	$29,686	1.30%	$61,365	0.00%
Unknown	$0	0.00%	$13,698	0.00%
Housing Supports/Home Modif.	$0	0.00%	$10,648	0.00%
Remote Supports	$6,605	0.30%	$1,190	0.00%
Total Spending	**$2,356,520**		**$459,602,351**	

Note: Year 1 not reported due to the limited spending in the CWP roll-out year

Table 18: Percentage of Annual Spending in Each Service Class by Waiver (Demonstration Year 3)

Statewide	Year 3			
Service Category	**CWP**	**CWP % of Total**	**ID/LAH**	**ID/LAH % of Total**
Residential	$4,248,432	64.80%	$383,782,976	82.50%
Personal Assistance	$700,271	10.70%	$38,985,323	8.40%
Day Habilitation	$0	0.00%	$19,310,938	4.20%
Community Integration	$1,146,074	17.50%	$16,416,108	3.50%
Group Employment	$23,114	0.40%	$1,683,824	0.40%
Positive Behavior Supports	$9,300	0.10%	$1,139,811	0.20%
Nursing	$0	0.00%	$754,174	0.20%
Transportation	$159,896	2.40%	$754,332	0.20%
Respite	$80,143	1.20%	$955,486	0.20%
Supported Living	$0	0.00%	$228,405	0.00%
Pre-Employment	$0	0.00%	$217,345	0.00%
Individual Employment	$58,778	0.90%	$98,394	0.00%
Therapies	$4,307	0.10%	$134,782	0.00%
Assistive Technology	$77,189	1.20%	$178,869	0.00%
Unknown	$39,546	0.60%	$546,282	0.10%
Housing Supports/ Home Modif.	$0	0.00%	$25,434	0.00%
Remote Supports	$12,144	0.20%	$20,639	0.00%
Total Spending	**$6,559,193**		**$465,233,121**	

Data from Years 2 and 3 suggest that this objective is partially being met. In terms of percentages, CWP spending is four times higher than ID/LAH spending in Community Integration. Spending in other categories that support integration is also higher, including Transportation and Individual Employment. At the regional level, spending patterns differ significantly from Statewide averages (see *Table Set A7* in Appendix B for details). For example, although residential spending represented 64.8 percent of Year 3 total spending within the CWP, it was over 85 percent of Year 3 spending in Region 3 and 80.2 percent of spending in Region 4. In Regions 1 and 2, residential spending in Year 3 among CWP enrollees totaled only 4.9 percent and 30.2 percent, respectively, and proportionately more was spent in other categories, especially Community Integration and Personal Assistance relative to other service categories. ***These data provide a measure of progress toward a key objective of the CWP, which is to increase the utilization of the full range of paid and unpaid services and supports available, including more individualized and integrated services.***

Measure 15. Service utilization

Description of Measure: 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

Objective: 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

Sample Population/Comparison Group: 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)

Analysis and Results: As Table 19 describes, the percentage of individuals utilizing Personal Assistance, Community Integration services, Transportation, Respite, Individual Employment, Therapies, Assistive Technology and Remote Supports was higher in CWP in Years 2 and 3 than in ID/LAH. These higher rates of utilization were stable from Year 2 to Year 3. Year 1 data are not reported due to the limited spending in the CWP roll-out year. Across CWP regions, results looked similar, with consistently greater utilization of Community Integration and Transportation in all five regions, and greater utilization of many of the above-listed services in most other regions with some exceptions (*see Table Set A8* in Appendix B). ***These higher rates of utilization across a wider range of HCBS are in line with one of the key objectives of the CWP.***

Table 19: Proportion of Participants Utilizing at Least One Unit of Service Within Each Service Grouping by Waiver (Demonstration Year 2 and Year 3)

	Year 2				Year 3			
Service Category	**CWP**	**CWP % of Total**	**ID/LAH**	**ID/LAH % of Total**	**CWP**	**CWP % of Total**	**ID/LAH**	**ID/LAH % of Total**
Residential	18	12.8%	3,102	63.8%	49	17.5%	2,965	63.3%
Personal Assistance	56	39.7%	1,039	21.4%	111	39.6%	1,034	22.1%
Day Habilitation	1	0.7%	2,156	44.4%	0	0.0%	2,109	45.0%
Community Integration	91	64.5%	1,615	33.2%	173	61.8%	1,676	35.8%
Group Employment	3	2.1%	146	3.0%	6	2.1%	130	2.8%
Positive Behavior Supports	4	2.8%	599	12.3%	3	1.1%	587	12.5%
Nursing	0	0.0%	58	1.2%	0	0.0%	59	1.3%
Transportation	50	35.5%	612	12.6%	116	41.4%	582	12.4%
Respite	21	14.9%	108	2.2%	38	13.6%	122	2.6%
Supported Living	0	0.0%	6	0.1%	0	0.0%	6	0.1%
Pre-Employment	0	0.0%	48	1.0%	0	0.0%	43	0.9%
Individual Employment	8	5.7%	105	2.2%	10	3.6%	106	2.3%
Therapies	4	2.8%	71	1.5%	5	1.8%	55	1.2%
Assistive Technology	29	20.6%	52	1.1%	66	23.6%	159	3.4%
Unknown	0	0.0%	7	0.1%	11	3.9%	120	2.6%
Housing Supports/ Home Modif.	0	0.0%	4	0.1%	0	0.0%	8	0.2%
Remote Supports	8	5.7%	14	0.3%	12	4.3%	74	1.6%
Unique Individuals	**141**		**4,860**		**280**		**4,685**	

Note: Year 1 not reported due to the limited spending in the CWP roll-out year

Demonstration 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.

Measure 16. Individuals who experience a documented crisis

Description of Measure: Percentage of individuals who experience a documented crisis compared to the percentage in the ID and LAH waivers

Objective: A key objective of the CWP is to reduce the number of crises that individuals experience; this measure assesses incidence of crises

Sample Population/Comparison Group: 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)

Analysis and Results: As Table 20 illustrates, the percentage of individuals that experienced a crisis in CWP was 1.1% in Year 2, and grew somewhat to 3.2% in Year 3. The percentage of individuals experiencing a crisis in ID/LAH was much greater across years, at 14.2% and 16.5%, respectively. When comparing CWP to Legacy waivers only in regions where CWP is available, the results are similar, though the percentage of enrollees with a crisis were slightly lower in ID/LAH in both years (13.3% in Year 2 and 10.2% in Year 3). ***These data demonstrate that this key objective of the CWP is being met.***

Table 20: Proportion of Participants with a Documented Crisis by Waiver, Statewide and CWP Regions Totals (Demonstration Year 2 and Year 3)

	Year 2		Year 3	
	CWP Enrollees	**ID/LAH Enrollees**	**CWP Enrollees**	**ID/LAH Enrollees**
Statewide				
All Crisis Types	**4**	**738**	**15**	**827**
Emergency Enrollments*	4	26	2	34
Hospitalization (3 or more per individual)	0	325	7	336
Substantiated Abuse (physical or sexual)	0	103	2	126
Substantiated Neglect	0	284	4	331
Cumulative Enrollment during Year	377	5,182	463	5,027
Proportion with Crisis	**1.1%**	**14.2%**	**3.2%**	**16.5%**

CWP Regions

All Crisis Types	**4**	**388**	**15**	**515**
Emergency Enrollments	4	5	2	9
Hospitalization (3 or more per individual)	0	175	7	228
Substantiated Abuse (physical or sexual)	0	49	2	81
Substantiated Neglect	0	159	4	197
Cumulative Enrollment during Year	377	2,912	463	5,027
Proportion with Crisis	**1.1%**	**13.3%**	**3.2%**	**10.2%**

Note: Year 1 not reported due to the limited enrollment in the CWP roll-out year

Measure 17. Crises experienced by individuals

Description of Measure: Number of crises per individual

Objective: A key objective of the CWP is to reduce the number of crises that individuals experience; this measure assesses the recurrence of crises

Sample Population/Comparison Group: 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)

Analysis and Results: Data on the number of crises experienced per individual was similar across the waivers in Year 3 at 1.3 crises per individual for ID/LAH enrollees and 1.1 for CWP enrollees, as illustrated in Table 21. In Year 2, there were zero crises reported for CWP, whereas the ID/LAH waivers had 1.3 crises per enrollee. ***These data suggest that CWP is meeting this key objective of reducing the number of crises that individuals experience.***

Table 21: Number of Crises per Individual by Waiver, Statewide and CWP Regions Totals (Demonstration Year 2 and Year 3)

	Year 2		Year 3	
	CWP Enrollees	**ID/LAH Enrollees**	**CWP Enrollees**	**ID/LAH Enrollees**
Statewide				
Total Number of Crises	0	712	13	776
Unique Ct. Individuals w/ Crisis	0	558	12	583
Crises per Individual	**-**	**1.3**	**1.1**	**1.3**
CWP Regions				
Total Number of Crises	0	383	13	491
Unique Ct. Individuals w/ Crisis	0	299	12	381
Crises per Individual	**-**	**1.3**	**1.1**	**1.3**

Note: Year 1 not reported due to the limited enrollment in the CWP roll-out year

Measure 18. Emergency enrollments due to crises

Description of Measure: 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

Objective: 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

Sample Population/Comparison Group: Individuals on waitlist in CWP counties; comparisons made to individuals on waitlist in remainder of counties where CWP is not available

Analysis and Results: As Table 22 demonstrates, only 5.6% of enrollments in CWP Counties were emergency enrollments in Year 2, compared to 32.8% for non-CWP Counties. In Year 3, this difference was less substantial, with CWP Counties at 9.2% of enrollments and non-CWP Counties at 17.6% of enrollments. ***Although the rate of enrollment due to crises increased in CWP counties from Year 2 to Year 3, the rate remains comparatively lower in CWP Counties compared to non-CWP Counties, suggesting that the CWP is supporting the goal of reducing the number of crises that may result in emergency enrollment.***

Table 22: Proportion of Enrollments due to Crisis by Grouping of Counties in Which the CWP is Operated and Counties in Which it is Not Operated (Demonstration Year 2 and Year 3)

	Year 2 Comprehensive Data		**Year 3 Comprehensive Data**	
	CWP Counties	**Non-CWP Counties**	**CWP Counties**	**Non-CWP Counties**
Emergency Enrollments	13	21	11	25
Total New Enrollments	233	64	119	142
Proportion	**5.6%**	**32.8%**	**9.2%**	**17.6%**
Statistical Significance*				
CWP Counties (Not Significant)	$X^2 = 1.665$, $p = 0.197$, $p>.05$			
Non CWP Counties (Significant)	$X^2 = 5.882$, $p= 0.015$, $p<.05$			

*p<.05 and 95% confidence level. The Chi-Square probability was tested for each waiver across Year 2 to Year 3. As suggested by the table, **within non-CWP counties, the proportion of enrollments that was due to crises decreased from Year 1 to Year 3, and this change was statistically significant. Within CWP counties, the proportion of enrollments that was due to crises increased from Year 1 to Year 3, but this change was not statistically significant. Additionally, the proportion within CWP counties remains around half the proportion of non-CWP counties.**

Note: Year 1 not reported due to the limited enrollment in the CWP roll-out year

Research Question 4a: 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 4a: 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.

Measure 19. Individuals who remain in Group 5

Description of Measure: Percentage of individuals in Group 5 who remain in Group 5 during the evaluation period

Objective: 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

Sample Population/Comparison Group: Individuals enrolled in Group 5; changes tracked over the duration of the demonstration

Analysis and Results: As of the end of demonstration Year 3, there were three individuals enrolled in the CWP Group 5, but none of these individuals needs escalated to resulting in enrollment in a 1915(c) group. In Years 1 and 2, there were no individuals in CWP Group 5. ***While the objective of not having needs of CWP Group 5 participants escalate was met, the sample size is too small to determine that this overall goal is being achieved by the Demonstration.***

Demonstration 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 DSPs 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 DSPs employed by provider agencies.

Measure 20. Average hourly wages of direct support workers

Description of Measure: Average hourly wage for DSWs delivering self-directed services compared to agency employed DSPs

Objective: A key objective of the CWP is to support the DSW workforce through the increased use of self-direction; this measure assesses wages

Sample Population/Comparison Group: DSWs employed through a self-directed model in the CWP; comparison made to agency-employed DSPs in the CWP

Analysis and Results: In Years 2 and 3, the weighted average wage for self-directed workers was higher than for agency workers as illustrated in Table 23. In Year 2, this difference was $3.24 per hour, and grew to $3.85 per hour in Year 3. While wages are not a direct measure of workforce quality or retention, higher wages may have an indirect impact on quality and retention of staff. Additionally, average wage levels among individuals delivering self-directed companion and personal care services have increased since prior to the CWP demonstration. In particular, individuals delivering self-directed personal care have seen substantial average wage increases from $11.96 per hour prior to the demonstration to nearly $21.00 per hour as of the end of Year 3. Individuals delivering Companion Services have also seen gains in their average hourly wage, from $9.85 per hour prior to the demonstration to more than $12.00 per hour at the end of Year 3. ***These data suggest that the CWP is supporting the objective of supporting the DSW workforce through increased use of self-direction by improving wage levels paid to DSWs providing self-directed services compared to DSWs employed by agencies.***

Table 23: Average Hourly Wages Among Direct Support Workers Employed Through Self-Direction Compared with Agency-Employment Models (Demonstration Year 2 and Year 3)

	Year 2		Year 3	
	Self-Directed	Agency	Self-Directed	Agency
Companion Services	$13.74		$12.09	
Personal Care	$19.02		$20.68	
Weighted Average Wage*	**$18.51**	**$15.27**	**$20.03**	**$16.18**

*Averages are weighed by total claimed hours for each provider.

Note: Year 1 not reported due to the limited enrollment in the CWP roll-out year

Measure 21. Average turnover rates of direct support workers (DSWs)

Description of Measure: Average turnover rate for DSWs delivering self-directed services compared to agency-employed DSPs

Objective: A key objective of the CWP is to support the DSW workforce through the increased use of self-direction; this measure assesses turnover

Sample Population/Comparison Group: DSWs employed through a self-directed model in the CWP; comparison made to agency-employed DSPs in the CWP

Analysis and Results: As Table 24 illustrates, turnover rates for direct support professionals (DSPs) who were employed by agencies were nearly double that of DSWs delivering self-directed services in Years 2 and 3. Supporting the DSW workforce is a key objective of the CWP, and having comparatively lower turnover among DSWs is an indicator that the workforce is more supported. ***These data suggest that the CWP is supporting the objective of supporting the DSW workforce through increased use of self-direction as evidenced by relatively stable turnover rates among self-directed DSWs, which were far lower than turnover rates among agency employed DSWs.***

Table 24: Turnover Rates Among Direct Support Workers Employed Through Self-Direction Compared with Agency-Employment Models (Demonstration Year 2 and Year 3)

	Year 2		Year 3	
	Self-Directed	Agency	Self-Directed	Agency
DSW/DSP Turnover Rate	20.0%	37.5%	23.0%	39.3%

Note: Year 1 not reported due to the limited enrollment in the CWP roll-out year

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 CWP will result in participating provider agencies reporting greater organizational stability compared to ID and LAH waiver providers.

Measure 22. Self-reported provider agency stability

Description of Measure: Percent of CWP providers that self-report greater organizational stability

Objective: A key objective of the CWP is to increase organizational stability for participating providers

Sample Population/Comparison Group: Agencies enrolled in the CWP; comparison made to agencies that provide ID and LAH waiver services, but not CWP services

Analysis and Results: Providers were invited to participate in two cycles of the Provider Stability Survey. The first cycle was administered in June 2023 and requested feedback about operating activities between January 1, 2022, and June 30, 2022 (the "baseline" survey). The second cycle was administered in February 2025 for the period July 1, 2024-December 31, 2024 (the "mid-point" survey). In general, the same providers participating in the mid-point survey participated in the baseline survey, but there were additional providers that participated in the baseline survey that did not participate in the mid-point survey. Results should be interpreted with this in mind.

In general, providers were asked to report their waiver affiliation, including CWP-only, ID/LAH-only, and providers supporting individuals in both the CWP and ID/LAH waivers. Due to limited responses among CWP-only providers, their responses have been combined with

providers who reported serving individuals in both the CWP and ID/LAH waivers (CWP providers). This CWP providers group is compared in M22 and M23 to providers who reported only supporting individuals in the ID/LAH waivers. ***In the aggregate, CWP providers were more likely to indicate greater stability (though not exclusively) across several self-assessed indicators of stability as compared to I/LAH Only providers, making progress towards a key objective of the CWP demonstration.***

Across survey cycles, CWP providers were more likely to report higher levels of stability across multiple indicators compared to ID/LAH-only providers. For example:

- 80 percent of CWP providers reported agreeing or strongly agreeing with the statement that their agency is stable in the most recent survey cycle, compared to 54 percent of ID/LAH-only providers
- CWP providers reported having more cash reserves to fund operations than ID/LAH-only providers, with a median of 65 days cash on hand compared to 45 days cash on hand reported by ID/LAH-only providers.
- Finally, as further discussed below, providers were asked to rate their overall financial health; 80 percent of CWP providers reported having good, very good, or excellent financial health compared to 69 percent of ID/LAH only providers.

As stated above, providers were asked to self-assess their overall financial health, whether poor, fair, good, very good, or excellent. Chart 15 and Chart 16 report the proportion of CWP providers self-reporting their overall financial health at each level in the baseline and mid-point surveys compared to ID/LAH-only providers. As Chart 15 indicates, a total of 40 percent of CWP providers reported having very good or excellent financial health compared to only 16 percent of ID/LAH-only providers.

Chart 15: Provider Self-Assessment of Overall Financial Health (Baseline Stability Survey)

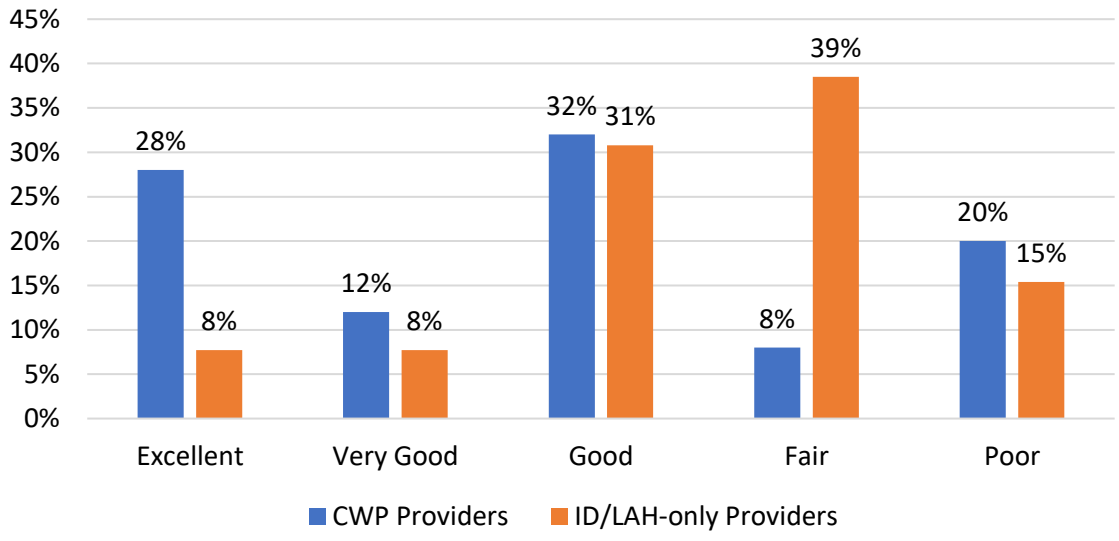
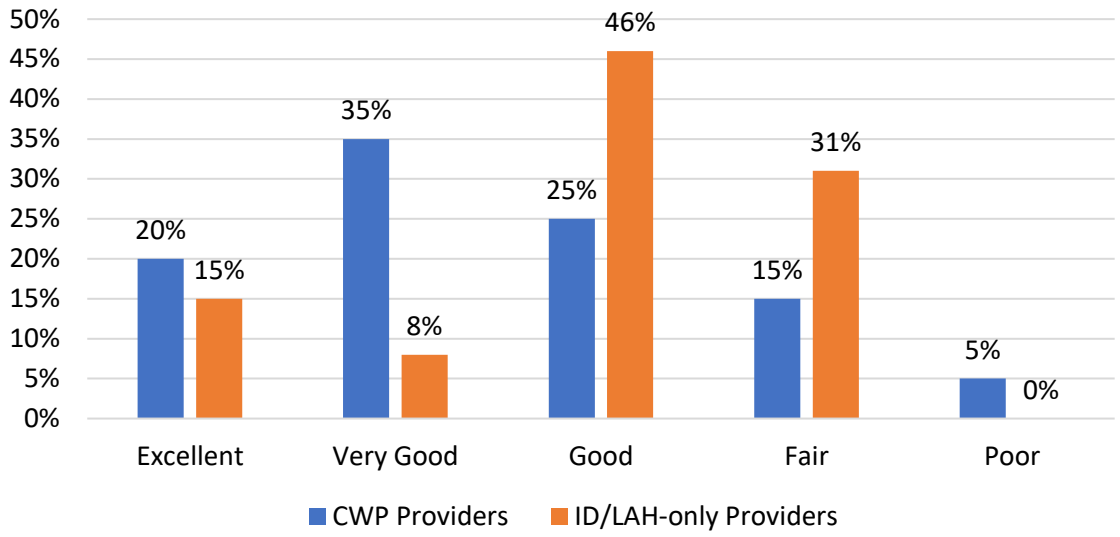


Chart 16 illustrates that 55 percent of CWP providers participating in the mid-point survey reported having very good or excellent financial health, an increase of 15 percentage points compared to the baseline survey. In comparison, only 23 percent of ID/LAH-only providers reported having very good or excellent financial health.

Chart 16: Provider Self-Assessment of Overall Financial Health (Mid-Point Stability Survey)



Providers were also asked to rate their agreement (strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, strongly disagree) with a series of statements that demonstrated their self-assessment of organizational stability, including the extent to which they agreed with each of the following:

- My agency is stable.
- My agency is well positioned for growth.
- My agency is well positioned to innovate.
- My agency is fully able to serve our current caseload in Alabama.
- My agency can fully serve the increase in the number of enrollees requesting services as a result of CWP.
- My agency can provide timely access to services for our current caseload in Alabama.
- My agency can provide timely access to services with the anticipated increase in the number of Alabama enrollees requesting services due to the CWP.
- Staff have a high level of job satisfaction.

The results from the baseline and mid-point survey are presented in Table 25 below, and several key takeaways are summarized in the following listing:

- Overall: All respondents indicated a small decrease in the level of agreement to the

first statement, “My agency is stable,” from baseline to midpoint, however, CWP providers had substantially higher agreement as compared to ID/LAH Only providers. In four of the remaining indicators of stability, both CWP and ID/LAH Only providers’ agreement had increased from baseline while CWP providers were more likely to be in agreement than ID/LAH Only providers. For the indicators on ability to fully serve their caseload and position for growth, ID/LAH Only providers were more likely to be in agreement as compared to CWP providers, though in both instances, the level of agreement increased from baseline to mid-point.

- In the baseline survey, 84.6 percent of CWP providers reported they agreed or strongly agreed with the statement that their agencies were stable, which decreased somewhat to 80.0 percent in the mid-point survey; in comparison, 57.1 percent of ID/LAH-only providers agreed that their agencies were stable in the baseline survey, and experienced a similar decrease to 53.8 percent in the mid-point survey
- CWP providers reported an increase of 16.4 percentage points in their agreement that they are well positioned for growth, from 73.1 percent in the baseline survey to 89.5 percent in the mid-point survey. In comparison, only 35.7 percent of ID/LAH-only providers reported they were well positioned for growth in the baseline survey, while 100.0 percent reported agreement in the mid-point survey
- CWP providers in both the baseline and mid-point survey reported higher levels of agreement that they were well positioned to innovate compared to ID/LAH-only providers (84.6 percent and 85.0 percent reported agreeing or strongly agreeing with the statement in the baseline and mid-point surveys, respectively, compared to 35.7 percent and 76.9 percent of ID/LAH-only providers in the corresponding survey cycles)
- Providers in both waiver categorizations reported substantial increases in their agreement with the statement that they are fully able to serve their current caseloads in Alabama between the baseline and mid-point surveys. CWP providers reported an increase of about 27 percentage points, from 73.1 percent to 90.0 percent, while ID/LAH-only providers reported a 35.2 percentage point increase in their agreement with the statement, from 57.1 percent in the baseline to 92.3 percent in the mid-point
- CWP providers reported more agreement with the statement that they can provide timely access to services for their current caseloads in Alabama compared to ID/LAH-only providers (76.9 percent in the baseline compared to 71.4 percent of ID/LAH-Only providers, and 90.0 percent in the mid-point compared to 84.6 percent of ID/LAH-only providers in the mid-point survey)
- CWP providers reported higher levels of agreement with the position that their staff have a high level of job satisfaction compared to ID/LAH-only providers. Specifically, 66.7 percent of CWP and ID/LAH providers agreed or strongly agreed in the baseline survey compared to 42.9 percent of ID/LAH-only providers, while 80.0 percent of CWP and ID/LAH providers agreed or strongly agreed with the statement in the mid-point survey compared to only 53.8 percent of ID/LAH-only providers

Table 25: Provider Self-Assessment of Key Stability Indicators Between Baseline and Mid-Point Survey Cycles

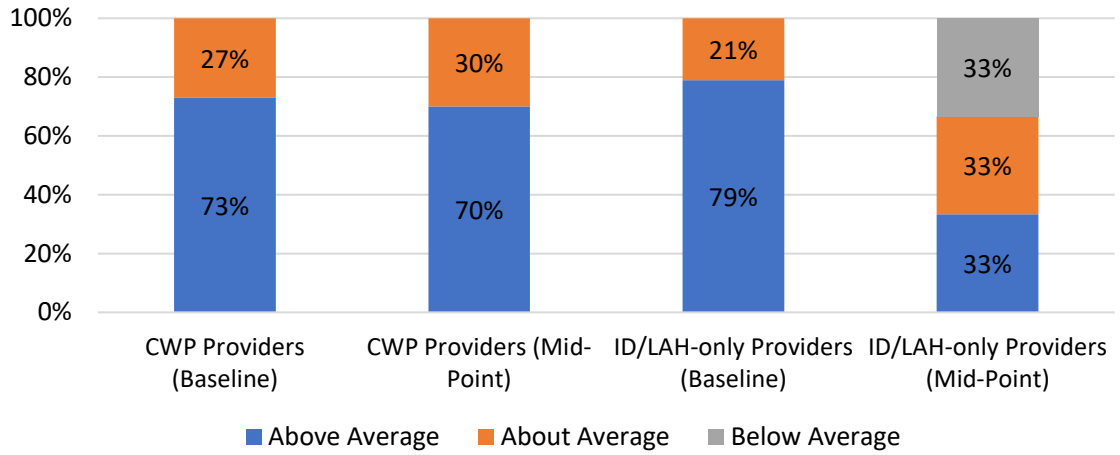
	CWP Providers			ID/LAH-only Providers		
	Somewhat/ Strongly Agree	Neither agree nor disagree	Somewhat/ Strongly Disagree	Somewhat/ Strongly Agree	Neither agree nor disagree	Somewhat/ Strongly Disagree
Stable - (Baseline Survey)	84.6%	3.8%	11.5%	57.1%	14.3%	28.6%
Stable - (Mid-Point Survey)	80.0%	10.0%	10.0%	53.8%	38.5%	7.7%
Well positioned for growth - (Baseline Survey)	73.1%	11.5%	15.4%	35.7%	7.1%	57.1%
Well positioned for growth - (Mid-Point Survey)	89.5%	10.5%	0.0%	100.0%	0.0%	0.0%
Well positioned to innovate - (Baseline Survey)	84.6%	11.5%	3.8%	35.7%	28.6%	35.7%
Well positioned to innovate - (Mid-Point Survey)	85.0%	5.0%	10.0%	76.9%	23.1%	0.0%
Fully able to serve our current caseload in Alabama - (Baseline Survey)	73.1%	15.4%	11.5%	57.1%	0.0%	42.9%
Fully able to serve our current caseload in Alabama - (Mid-Point Survey)	90.0%	10.0%	0.0%	92.3%	7.7%	0.0%
Can fully serve the increase in the number of enrollees requesting services as a result of CWP - (Baseline Survey)	69.2%	7.7%	23.1%	28.6%	7.1%	64.3%
Can fully serve the increase in the number of enrollees requesting services as a result of CWP - (Mid-Point Survey)	65.0%	15.0%	20.0%	38.5%	46.2%	15.4%

	CWP Providers			ID/LAH-only Providers		
	Somewhat/ Strongly Agree	Neither agree nor disagree	Somewhat/ Strongly Disagree	Somewhat/ Strongly Agree	Neither agree nor disagree	Somewhat/ Strongly Disagree
Can provide timely access to services for our current caseload in Alabama - (Baseline Survey)	76.9%	3.8%	19.2%	71.4%	0.0%	28.6%
Can provide timely access to services for our current caseload in Alabama - (Mid-Point Survey)	90.0%	10.0%	0.0%	84.6%	15.4%	0.0%
Can provide timely access to services with the anticipated increase in the number of Alabama enrollees requesting services due to the CWP - (Baseline Survey)	66.7%	8.3%	25.0%	28.6%	14.3%	57.1%
Can provide timely access to services with the anticipated increase in the number of Alabama enrollees requesting services due to the CWP - (Mid-Point Survey)	70.0%	15.0%	15.0%	61.5%	38.5%	0.0%
Staff have a high level of job satisfaction - (Baseline Survey)	66.7%	20.8%	12.5%	42.9%	28.6%	28.6%
Staff have a high level of job satisfaction - (Mid-Point Survey)	80.0%	10.0%	10.0%	53.8%	38.5%	7.7%

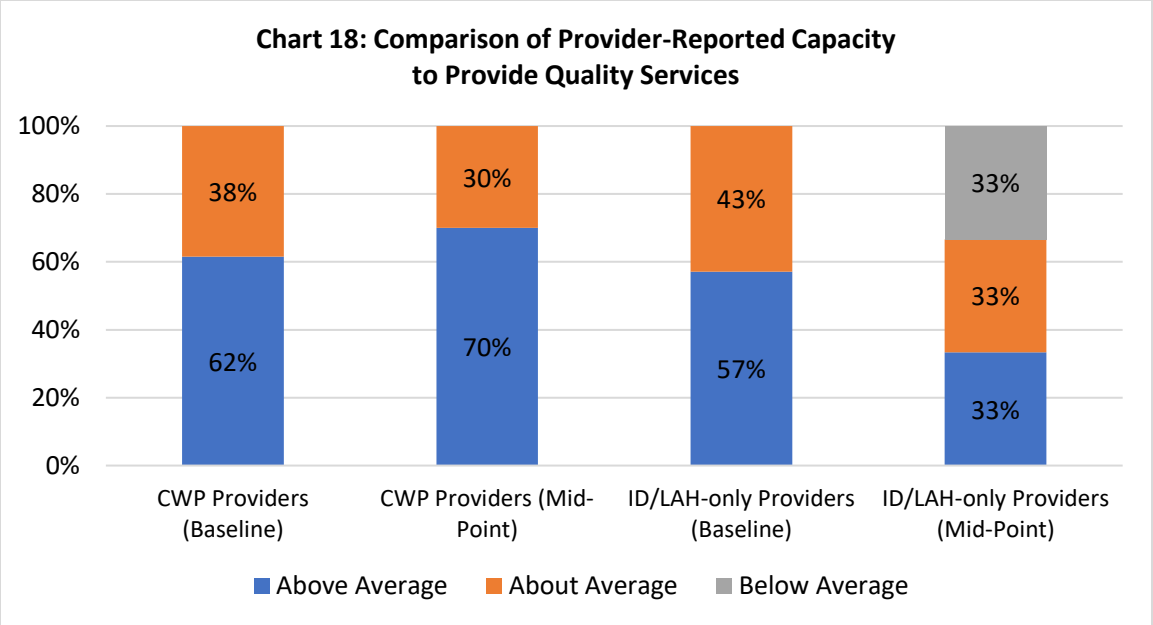
Providers were also asked to rank their overall quality of services in relation to other providers by scaling services as 'above average,' 'about average,' or 'below average.' As Chart 17 indicates, CWP providers reported similar scales of service quality across survey cycles, where 70 percent or more believed their service quality was above average in both cycles. In

contrast, ID/LAH-only providers reported a decrease in the overall opinions of service quality, where only a third reported they believed their services were below average in the mid-point survey cycle (down from nearly 80 percent since the baseline survey).

Chart 17: Comparison of Reported Overall Quality of Services to Other Providers



Providers were also asked to rank their capacity to provide quality services in relation to other providers by scaling capacity as 'above average,' 'about average,' or 'below average.' As Chart 18 indicates, CWP providers reported an increase in the overall rates that believed their capacity was above average, from 62 percent in the baseline survey to 70 percent in the mid-point survey. Again, ID/LAH-only providers reported general decreases in their capacity to deliver quality services across survey cycles, where 57 percent previously rated as above average and only 33 percent rated above average in the mid-point survey.



Providers were asked for any other general comments about their organizational stability and capacity in an open-ended question within the survey. Provider responses included:

- In the baseline survey, some providers commented that limited referrals for the CWP made it challenging to comment on how the CWP would influence operations and stability while another provider noted that the workforce crisis significantly impacted their organizational stability and capacity more than other influences
- In the mid-point survey, providers identified an inability to fairly compensate workers due to low reimbursement rates, low CWP referrals, and a high turnover in CWP clients (sometimes due to clients misunderstanding benefits under CWP) as factors limiting stability
- One provider felt that the CWP should be discontinued as it had departed from its original promised collaboration on service provision and training, and the State had not always been transparent about how service benefits would differ between CWP and legacy waiver
- Some providers felt that the CWP training requirements were extensive, costly, and difficult for staff to complete

Measure 23. Provider stability indicators

Description of Measure: Percent of CWP providers demonstrating improvement in organizational stability indicators compared to ID and LAH waiver providers

Objective: A key objective of the CWP is to increase organizational stability for participating providers

Sample Population/Comparison Group: Agencies enrolled in the CWP; comparison made to agencies that provide ID and LAH waiver services, but not CWP services

Analysis and Results: The provider stability survey included multiple additional questions designed to assess organizational stability and to compare stability indicators across provider

cohorts (that is, providers supporting both the CWP and ID/LAH waivers, or "CWP providers," and providers who support only the ID/LAH waiver, or "ID/LAH-only" providers). Across survey cycles, providers in both groups reported less stability in several key metrics in the mid-point survey compared to the baseline survey. For example, CWP providers reported having 175 days cash on hand (to fund operations) in the baseline survey, which dropped to 110 days in the mid-point survey. Similarly, ID/LAH-only providers reported a decrease of 19 days cash on hand across survey cycles, from 90 days to 71 days. Both provider groups reported lower profit margins in the mid-point survey as well when compared to the baseline survey (CWP providers decreased from 26.4 percent to 5.9 percent, while ID/LAH-only providers experienced a more modest decrease from 18.8 percent to 15.8 percent across survey cycles).

Other measures of stability improved for both provider groups. For example, the current ratio (measuring the extent to which current assets exceed current liabilities) for CWP providers increased from 5.0 to 6.2 and from 10.4 to 14.7 among ID/LAH-only providers.

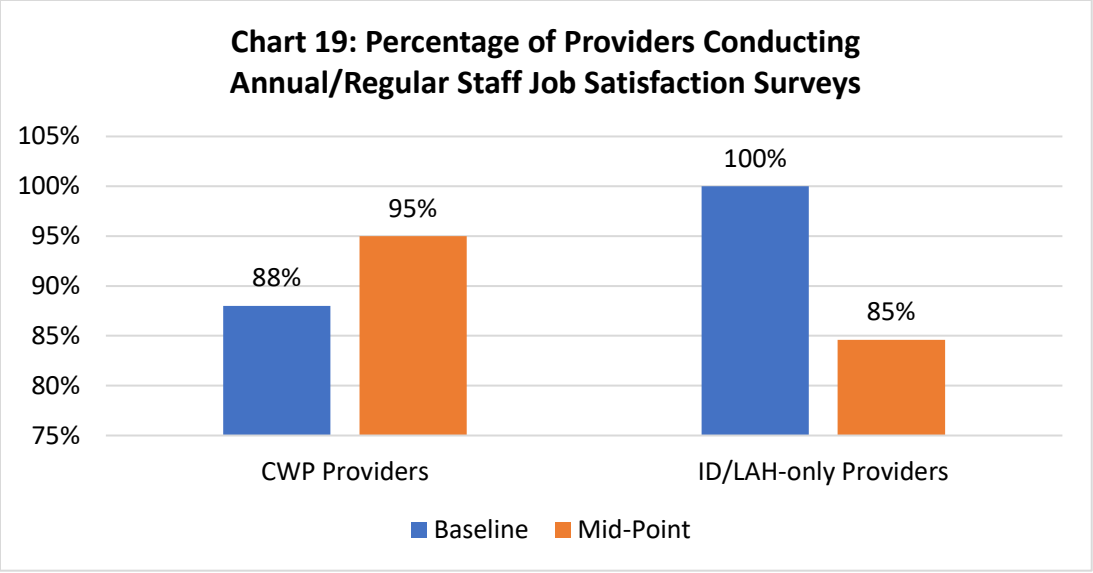
A summary of the results of key indicators are presented below under the headers "Workforce" and "Financial Metrics." ***In the aggregate, CWP providers reported mixed financial outcomes, some better than ID/LAH only providers (such as a higher number of days cash on hand, lower debt burdens, and a higher use of job satisfaction surveys, and higher rates of accreditation), and some outcomes that were not as positive for stability (including somewhat lower average wages, higher turnover rates among staff in DSP job titles, and lower overall profit margins). The evaluation will continue to monitor these results.***

Workforce

The provider stability survey asked various questions to assess workforce stability, a key element of organizational stability. The following summarizes these results.

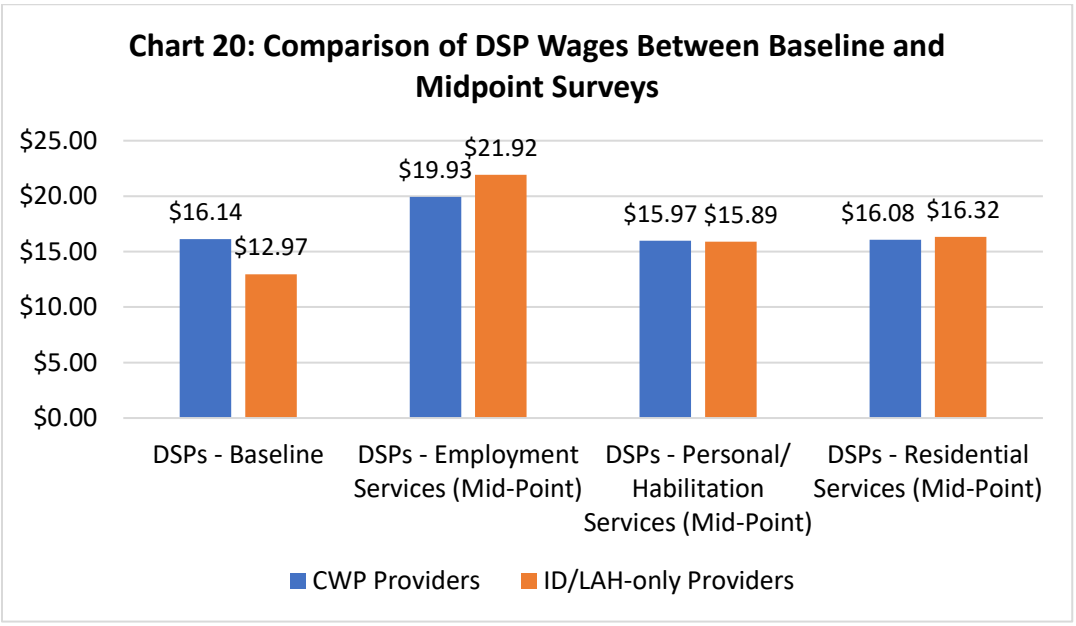
Job satisfaction survey

Providers were asked to report whether their agency conducts an annual (or regular) staff job satisfaction survey. Chart 19 illustrates the results for the baseline and mid-point surveys across provider cohorts. As the figure indicates, more CWP providers reported administering an annual or regular job satisfaction survey than ID/LAH-only providers in the mid-point survey (95 percent compared to 85 percent). In addition, the proportion of CWP providers that reported conducting such surveys increased by 7 percentage points between the baseline and mid-point surveys, from 88 percent to 95 percent (compared to a decrease from 100 percent to 85 percent among ID/LAH-only providers across survey cycles).



DSP Average Wages

DSP pay levels are thought to be a critical component of hiring and retention strategies to support high quality HCBS. The baseline survey requested pay levels for DSPs in general, while the mid-point survey asked providers to report pay variations by the type of service being delivered (including employment services, personal/habilitation services, and residential services). Chart 20 compares baseline wages for DSPs in general to the service-level wage estimates. As the chart suggests, average wages among ID/LAH-only providers are slightly higher than average wages paid by CWP providers based on the mid-point survey. In particular, ID/LAH-only providers reported paying close to $2.00 more per hour for DSPs performing employment services, while other wage differentials across waiver cohorts was smaller (only $0.08 per hour for DSPs performing personal/habilitation and $0.24 per hour for DSPs performing residential services).



Turnover

Providers were asked to report turnover rates in both the baseline and mid-point surveys. A change in the calculation methodology and survey inputs was made in the mid-point survey such that comparisons across these periods would not be valid. However, comparisons by position type and waiver utilizing the revised calculation methodology yields several observations from the mid-point survey. Table 26 compares turnover rates (representing the number of staff who left their positions during the survey time period divided by the average number of staff in the same job title employed during the period – for example, if 5 employees left during the reporting period out of 10 staff employed during the period, the turnover rate would be 50%) between CWP and ID/LAH staff by position type. In general, non-DSP staff (such as senior leadership, DSP supervisors, and clinicians) in the CWP waiver had turnover rates that were lower than staff supporting the ID/LAH waivers, while DSPs in the CWP waiver tended to have higher turnover rates than staff who support the ID/LAH waivers.

Table 26: Comparison of Staff Turnover Rates by Position Type and Waiver (Mid-Point Survey)

Staff Type	CWP Staff Turnover	ID/LAH Staff Turnover
Senior Leadership	24.4%	54.1%
DSP Supervisor	32.4%	65.2%
Clinicians	48.4%	53.8%
DSPs Delivering Employment Services	89.3%	63.6%
DSPs Delivering Personal/ Habilitation Services	118.%	71.1%
DSPs Delivering Residential Services	105.2%	99.7%

Reasons for turnover

The survey asked providers to report the top reasons for turnover by position type. The reason codes by provider cohort most often cited neither differed substantially across waiver cohort, nor across the baseline and mid-point survey cycles. Table 27 presents the 3 most often-cited reasons for DSP turnover among CWP providers and ID/LAH-only providers across survey cycles. There may be more than three reasons listed when there is a tie (listed as four reasons).

Table 27: Top Reasons for Staff Turnover by Provider Type (Baseline and Mid-Point Surveys)

Staff Type	CWP Providers	ID/LAH-Only Providers
Top Baseline Reasons	1. Low pay 2. Limited benefits 3. Workload overwhelming 3. Poor performance	1. Low pay 2. Workload overwhelming 3. Poor performance 3. Other vacancies/need for coverage
Top Mid-Point Reasons	1. Low pay 2. Termination for poor performance 3. Limited opportunities for advancement	1. Termination for poor performance 2. Low pay 3. Limited opportunities for advancement

Providers also reported other common reasons for turnover and vacancies in an open-ended question within the survey, including:

- Access to child care and family obligations
- Changes in life circumstances, including career changes, retirement, or pursuit of higher education
- Lack of access to insurance
- Low reimbursement rates

Financial Metrics

The survey requested providers report several financial metrics that could be compared across provider cohorts and across survey cycles. Table 28 reports five key financial measures, with a brief assessment of the outcomes for each measure described below:

- ***Number of days cash on hand:*** this measure assesses providers' ability to cover operating expenses with cash on hand, as measured in days. CWP providers reported a higher level of days cash on hand compared to ID/LAH-only providers in both the baseline and mid-point surveys. However, both provider cohorts reported decreases in days cash on hand between the baseline and mid-point surveys (a decrease of 57 days for CWP providers – from 175 days to 118 days on average, and a decrease of 19 days for ID/LAH-only providers – from 90 days to 71 days).
- ***Administration as a percentage of total revenue***: a provider's ability to fund administrative staffing (including Presidents/CEOs, CFOs, human resources, information technology), to invest in capital expenses, and to provide adequate administrative infrastructure to support a long-term operation is an important element of organizational and financial stability. Providers in both cohorts reported increases in the proportion of revenue used for administrative costs, from a median of 6.5 percent to 9.7 percent among CWP providers and from 9.4 percent to 16.0 percent among ID/LAH-only providers. It is noted that the larger increase in rates among ID/LAH providers is likely influenced by a single outlier provider, while the median rate in the baseline survey was only 10 percent.
- ***Percentage net profit or loss***: Providers across both waiver cohorts reported decreased net profits across survey periods, but the extent of decrease was greater among CWP providers compared to ID/LAH only providers. In addition, ID/LAH-only providers reported higher net profit margins (20.4 percent) compared to CWP providers (6.9 percent).
- ***Debt ratio***: CWP providers reported improved debt ratios, representing decreased liabilities in relation to total assets, from a ratio of 1.1 to a ratio 0.4. In contrast, ID/LAH-only providers reported somewhat higher debt ratios, increasing from a ratio of 0.2 to a ratio of 0.9.
- ***Current asset to liability ratio***: Both provider cohorts reported improved current ratios, representing the ratio of current assets to current liabilities which measures the extent to which providers can convert current assets (such as cash and cash equivalents, accounts receivable, etc.) to cover current or short-term liabilities (which include payroll and other accounts payable) to sustain operations. As of the mid-point survey, ID/LAH-only

providers reported a current ratio that was more than double the ratio reported by CWP providers (14.7 compared to 6.2). Both provider cohorts reported small increases in the current ratio across survey cycles (CWP providers increased from an average current ratio of 5.0 to an average of 6.2, while ID/LAH-only providers increased from a current ratio of 10.4 to 14.7).

Table 28: Comparison of Outcomes for Key Financial Measures of Provider Stability by Waiver (Baseline and Mid-Point Surveys)

	CWP Providers		ID/LAH-Only Providers	
Financial Metric	**Baseline**	**Mid-Point**	**Baseline**	**Mid-Point**
Number of Days Cash on Hand	175	110	90	71
Admin. As % of Total Revenue	9.0%	15.8%	9.4%	32.8%
Percentage Net Profit/ (Loss)	26.4%	5.9%	18.8%	15.8%
Debt Ratio (Total Liabilities/Total Assets)	1.1	0.4	0.2	0.9
Current Ratio (Current Assets/Current Liabilities)	5.0	6.2	10.4	14.7

Research Question 5c: Percentage of CWP providers who have achieved or maintained accreditation status from a nationally recognized accreditation body compared to ID and LAH waiver providers

Hypothesis 5c: A key objective of the CWP is to increase the quality of services; this measure assesses agencies who have been independently accredited

Measure 24. Independent accreditation

Description of Measure: Percentage of CWP providers who have achieved or maintained accreditation status from a nationally recognized accreditation body compared to ID and LAH waiver providers

Objective: A key objective of the CWP is to increase the quality of services; this measure assesses agencies who have been independently accredited

Sample Population/Comparison Group: Agencies enrolled in the CWP; comparison made to agencies that provide ID and LAH waiver services, but not CWP services

Analysis and Results: In the first survey cycle, conducted in late 2023, 60% of CWP providers who responded had accreditation, compared with only 37% of ID/LAH providers as illustrated in Table 29. In the second survey cycle in late 2024, these percentages dropped to 25% of CWP providers who responded and 23% of ID/LAH providers who responded. ***While a higher percentage of CWP providers achieved or maintained national accreditation relative to ID/LAH providers, the overall decrease is not consistent with state goals. The evaluation team will continue to monitor this indicator for progress.***

Table 29: Proportion of Providers Reporting Holding an Active Accreditation by Waiver and Across Accreditation Survey Cycles

	1st Accreditation Survey Cycle (as of November 1, 2023)			2nd Accreditation Survey Cycle (as of November 1, 2024)		
Program	**Respondents**	**National Accreditation**	**% Accredited**	**Respondents**	**National Accreditation**	**% Accredited**
CWP Only	5	3	60%	8	2	25%
ID/LAH Only	13	0	0%	29	3	10%
Both CWP and ID/LAH	19	7	37%	26	6	23%
Total	37	10	27%	63	11	17%

Providers were also asked in an open-ended question if they had any additional comments about accreditation or certification. In the first accreditation survey, some providers indicated that they would like to pursue certification of employment services staff, while another provider noted that staff believe there was limited value in pursuing certifications with limited room for professional growth or career advancement. In the second accreditation survey, one provider cited cost as a barrier to pursuing certification.

Measure 25. Individual experience

Description of Measure: 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

Objective: A key objective of the CWP is to increase the quality of services; this measure assesses individuals' perspectives on service quality

Sample Population/Comparison Group: 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

Analysis and Results: In data available in year three (reflecting National Core Indicator survey data from demonstration year two due to reporting lag time), the sample size for ID/LAH waiver was 518 participants, and for CWP it was 33 participants. However, data were incomplete for these 33 participants, resulting in data for only about 15-17 participants for some items (related to participating in activities) and much fewer for other items.

For items related to participating in activities, it is not possible to make comparisons using the four categories of response (did not participate in the last month, participated 1-2 times, participated 3-4 times, participated 5 or more times) with such a small sample, as the numbers are too unstable. Therefore, responses were collapsed into two categories of response: did not participate or participated one or more times. Results are provided in Table 30 and illustrate that participation in these activities was generally similar across most community-facing activities among CWP and ID/LAH participants in the survey.

Table 30: Proportion of Participants Reporting Participation in Community-Facing Activities

	NCI Survey Data (Year 3) – Participation in Community Activities				
Waiver	Shopping	Errands	Entertainment	Coffee Shop/ Restaurant	Religious Event
CWP	92%	75%	62%	92%	50%
ID/LAH	90%	79%	71%	87%	48%

Measure 26. Critical Incidents

Description of Measure: Proportion of individuals with at least 3 critical incidents during the year (M26a) and average critical incidents per enrollee (M26b)

Objective: A key objective of the CWP is to increase the quality of services; this measure assesses the number of critical incidents

Sample Population/Comparison Group: Providers enrolled in CWP as compared to providers enrolled in only ID and LAH Waivers

Analysis and Results: The proportion of individuals with at least 3 critical incidents in an evaluation year was higher for ID/LAH waiver participants compared to CWP participants. As Table 31 illustrates, about a third of all ID/LAH waiver participants had at least three critical incidents both Statewide and within CWP-only regions compared to no reported individuals in the CWP in Year 2. In Year 3, only 5 percent of CWP participants had 3 or more critical incidents in the year compared to 26 percent of Legacy waiver participants Statewide and 29 percent within counties in which the CWP operates. ***This data suggests the CWP is meeting a key indicator of quality, with fewer individuals experiencing multiple critical incidents.***

Table 31: Proportion of Participants With at Least 3 Critical Incidents by Waiver (Demonstration Year 2 and Year 3)

	Year 2		Year 3	
Statewide	CWP	ID/LAH	CWP	ID/LAH
Number of individuals with at least 3 critical incidents during the year	0	1,706	23	1,319
Total Enrollees	377	5,182	463	5,027
Percentage with at least 3 critical incidents during the year	**0%**	**33%**	**5%**	**26%**

	Year 2		Year 3	
CWP Regions	CWP	ID/LAH	CWP	ID/LAH
Number of individuals with at least 3 critical incidents during the year	0	989	23	878
Total Enrollees	377	2,912	463	3,079
Proportion with at least 3 critical incidents during the year	**0%**	**34%**	**5%**	**29%**

Note: Year 1 not reported due to the limited enrollment in the CWP roll-out year

The average number of critical incidents on a per enrollee basis was higher for Legacy waiver participants in Years 2 and 3 compared to CWP waiver participants, as illustrated in Table 32. In Year 2, there were no critical incidents reported among CWP participants, while critical incidents per enrollee among Legacy waiver participants was 0.8. In Year 3, there was an average of about 1.0 critical incident per Legacy waiver enrollee compared to 0.2 critical incidents per CWP participant.

Table 32: Critical Incidents per Enrollee by Waiver, Statewide and CWP Regions Totals (Demonstration Year 2 and Year 3)

	Year 2		Year 3	
Statewide	CWP	ID/LAH	CWP	ID/LAH
Total critical incidents reported during the year	0	4,141	76	4,920
Total Enrollees	377	5,182	463	5,027
Critical incidents per enrollee	**0.0**	**0.8**	**0.2**	**1.0**

	Year 2		Year 3	
CWP Regions	CWP	ID/LAH	CWP	ID/LAH
Total critical incidents reported during the year	0	2,329	76	3,199
Total Enrollees	377	2,912	463	3,079
Critical incidents per enrollee	**0.0**	**0.8**	**0.2**	**1.0**

Note: Year 1 not reported due to the limited enrollment in the CWP roll-out year

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.

Measure 27. Turnover rates for support coordinators

Description of Measure: The turnover rate for support coordinators in the CWP compared to those in the ID and LAH waivers

Objective: A key objective of the CWP is to increase the quality of support coordination services; this measure assesses turnover

Sample Population/Comparison Group: Support coordinators in the CWP program; comparison made to support coordinators in the ID and LAH waivers

Analysis and Results: In Years 2 and 3, the turnover rate among support coordinators working in ID/LAH waivers decreased from 6.0% to 5.6%, as described in Table 33. Over the same period, the turnover rate in CWP increased from 4.3% to 8.3%. However, this was an increase from one turnover in Year 2 to two turnovers in Year 3. Because the number of support coordinators within CWP is so low (24 support coordinators), even a small change results in a large percentage change. ***Therefore, although the increase in turnover rates for CWP support coordinators trends in the wrong direction, the low absolute number of CWP support coordinators who turned over (n=1 in Year 2 and n=2 in Year 3) does not imply a***

significant operational impact to the CWP or its participants. The evaluation team will continue to monitor turnover rates and evaluate the underlying causes if more significant changes occur in future periods.

Table 33: Support Coordinator Turnover Rate by Waiver (Demonstration Year 2 and Year 3)

	Year 2		Year 3	
	CWP	**ID/LAH**	**CWP**	**ID/LAH**
Unique Support Coordinators in Q1	23	565	24	576
Of these, Number Serving in Q4	22	531	22	544
Number Turned Over	1	34	2	32
Turnover Rate	**4.3%**	**6.0%**	**8.3%**	**5.6%**
***Statistical Significance**				
CWP (Not Significant)	$X^2 = 0.312$, p = 0.576, p>.05			
ID/LAH (Not Significant)	$X^2 = 0.112$, p = 0.738, p>.05			

*p<.05 and 95% confidence level. The Chi-Square probability was tested for each waiver across Year 2 to Year 3. As suggested by the table, **the increase in support turnover rates for CWP participants, though not desired, was not statistically significant. The decrease in turnover rates among ID/LAH participants was also not statistically significant, and was less than one percent.**

Note: Year 1 not reported due to the limited enrollment in the CWP roll-out year

Measure 28. Continuity of participants' support coordinators

Description of Measure: Percentage of CWP participants who maintain the same support coordinator during the evaluation year compared to ID and LAH waivers

Objective: 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

Sample Population/Comparison Group: Enrollees in the CWP; comparison made to enrollees in the ID and LAH waivers

Statistical Review: A Chi-Square test was performed to determine if there is a statistically significant association between waiver and turnover rates for support coordinators:

- CWP Chi-Square probability: <.0001 (<.05 = Significant)
- ID/LAH Chi-Square probability: <.0001 (<.05 = Significant)

Analysis and Results: As described in Table 34, the percentage of enrollees who retained the same support coordinator was 77.9% for ID/LAH and only 45.5% for CWP. In Year 3, these percentages increased to 87.7% for ID/LAH and 66.3% for CWP. While CWP made a greater gain in this area from Year 2 to Year 3 than ID/LAH, the CWP waiver still lags behind ID/LAH in this area. ***These data suggest that although the retention rate of support coordinators among CWP participants was substantially lower in Year 2 and Year 3 compared to the retention rate of support coordinators among ID/LAH participants, CWP made significant progress in improving support coordinator retention rates from Year 2 to Year 3.***

Table 34: Support Coordinator Retention Rate by Waiver (Demonstration Year 2 and Year 3)

	Year 2		Year 3	
	CWP	**ID/LAH**	**CWP**	**ID/LAH**
Number with Same Support Coordinator as prior year	130	3,920	240	4,153
Number with Different Support Coordinator from prior year	156	1,112	122	583
Percentage Maintaining Same Support Coordinator	**45.5%**	**77.9%**	**66.3%**	**87.7%**
Statistical Significance*				
CWP (Significant)	$X^2 = 28.337$, p= 0.000, p<.05			
ID/LAH (Significant)	$X^2 = 163.003$, p= 0.000, p<.05			

*p<.05 and 95% confidence level. The Chi-Square probability was tested for each waiver across Year 2 to Year 3. As suggested by the table, **within both CWP and ID/LAH waivers, support coordinator retention rates showed a statistically significant increase from Year 2 to Year 3.**

Note: Year 1 not reported due to the limited enrollment in the CWP roll-out year

Measure 29. Individual satisfaction with support coordination services

In the fall of each year of the demonstration, participant and parent/guardian satisfaction surveys have been administered to gather information from participants and their parents and/or caregivers about their satisfaction with support coordination services. This survey was administered in fall 2022, 2023, 2024, and 2025. Support Coordination Satisfaction Surveys were disseminated by mail and email to all participants and their parents/guardians in the LAH and CWP waivers, and to a random sample of participants and their parents/guardians in the ID waivers. The survey is open for approximately six weeks each year, with options for completing the survey online or via the mailed survey (which includes an addressed, stamped envelope).

Each year, four versions of the survey were administered, depending on the participant's age:

1. Adult Participants (age 18 or older)
2. Parents/Guardians of Adult Participants
3. Parents/Guardians of Teen Participants (age 14-17), and Teen Participants (age 14-7) with parental consent
4. Parents/Guardians of Participants Age 0-13

The survey asks 10 questions about satisfaction with services, and several demographic questions including age, race, ethnicity, gender, language, type of residence, and ZIP Code. The questions about satisfaction with support coordination services are the following:

1. My support coordinator treats me with respect.
2. I can reach my support coordinator when I want and need them.

3. My support coordinator is available to work with me when I need them.
4. My help was very important in making my service and support plan with my team.
5. My service and support plan focuses on things that are important to me.
6. I understand what is talked about at my service and support planning meetings.
7. My support coordinator helps me find different providers to choose from.
8. My support coordinator helps me with non-waiver supports (for example - school, vocational rehabilitation services, mental health services, doctors and medical care).
9. Overall, I am satisfied with my support coordinator.
10. Additional comments about support coordination (open-ended).

The open-ended question provided an opportunity for participants and parents/guardians to share additional information about their satisfaction with services and/or provide additional detail about their responses to the closed-ended questions. The number of responses to the open-ended question has been too small to allow for meaningful analyses. However, the responses have provided some anecdotal evidence of satisfaction with services. The most common response to date is a positive comment about a particular support coordinator.

Description of Measure: Average rate of individuals' satisfaction with support coordination services compared to satisfaction of individuals in the ID and LAH waivers

Objective: A key objective of the CWP is to increase the quality of support coordination services; this measure assesses individuals' satisfaction with support coordination services

Sample Population/Comparison Group: Surveying individuals in the CWP; comparison made to surveyed individuals in the ID and LAH waivers

Analysis and Results: Individuals participating in the satisfaction survey issued during Years 2 and 3 of the evaluation generally reported high rates of satisfaction regardless of waiver, though CWP participants were likely to report somewhat lower overall satisfaction rates than ID and LAH participants. These differences were quite small and were not statistically significant . Across Years 2 and 3, satisfaction rates declined somewhat across all waivers as illustrated in Table 35***. These results suggest that more data will need to be analyzed in future years to better understand whether significant differences exist in participant satisfaction with support coordination services and trends from year to year.***

Table 35: Individual Satisfaction with Support Coordinator by Waiver (Demonstration Year 2 and Year 3)

	Year 2		Year 3		
Waiver	**Mean (Scale 1–5)**	**Number of Respondents**	**Mean (Scale 1–5)**	**Number of Respondents**	**T-test Results**
CWP	4.58	26	4.47	43	p = 0.15
LAH	4.72	104	4.64	79	p = 0.67
ID	4.74	132	4.68	344	p = 0.47

Note: Year 1 not reported due to the limited enrollment in the CWP roll-out year

Measure 30. Family/guardian satisfaction with support coordination services

Description of Measure: Average rate of family/guardian satisfaction with support coordination services compared to satisfaction of families/guardians of individuals in the ID and LAH waivers

Objective: 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

Sample Population/Comparison Group: Surveying families/ guardians in the CWP; comparison made to surveyed families/ guardians in the ID and LAH waivers

Analysis and Results: Parents and guardians participating in the satisfaction survey issued during Years 2 and 3 of the evaluation reported relatively high rates of satisfaction regardless of waiver in Year 2 of the survey. As illustrated in Table 36, parents and guardians reported nearly identical levels of satisfaction with support coordination services within the ID and LAH waivers between Year 2 and Year 3, but a much lower rate of satisfaction among CWP participants in Year 3 (both compared to Year 2 and compared to ID/ LAH waiver satisfaction rates). This difference was statistically significant. ***These data suggest that CWP is not achieving this objective for support coordination services and that more work needs to be done to improve these services.***

Table 36: Family/Guardian Satisfaction with Support Coordinator by Waiver (Demonstration Year 2 and Year 3)

	Year 2		Year 3		
Waiver	**Mean (Scale 1–5)**	**Number of Respondents**	**Mean (Scale 1–5)**	**Number of Respondents**	**t-test Results**
CWP	4.52	33	4.19	43	p = 0.03
LAH	4.71	69	4.70	70	p = 0.86
ID	4.67	235	4.66	159	P = 0.67

Note: Year 1 not reported due to the limited enrollment in the CWP roll-out year

SECTION G: Conclusions

Assessment of the Effectiveness of the Demonstration

In the first three years of the demonstration, a number of evaluation measures offer information about the impact of the demonstration. Data suggest that the CWP waiver is trending in the right direction in terms of HCBS costs, as well as emergency enrollment data, and the proportions of CWP participants utilizing self-direction, engaging in competitive integrated employment, and receiving a diversity of services. However, a small number of measures, such as the cost of non-HCBS services, consistency of support coordinator relationships, and the proportion of participants with multiple strategy types in their person-centered plans, are less positive for CWP relative to ID/LAH. In measures with disaggregated regional data, some differences are noted between CWP 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 widely across CWP Regions. The following section provides an overview of major conclusions to date in the CWP Demonstration.

Demonstration Goal #1: Increased Access to Needed Services and Supports

Evaluation measures indicate that the Demonstration is making progress on meeting this goal. The number of funded slots has increased, net new enrollments have increased, while emergency enrollments in CWP counties are lower than in non-CWP counties. Additionally, PPPM costs for CWP participants were lower than for ID/LAH participants.

Funded slots: CWP slots more than doubled from Year 1 to Year 3, and now make up 16.4 percent of total slots available, up from 7.7 percent in Year 1.

Enrollment: Net new enrollment across all waivers is up in Year 3 to 293. CWP accounted for 117 of these new enrollments, with the ID/LAH waivers accounting for 176 new enrollments. This is an increase from an average of 204 net enrollments per year historically.

Emergency enrollments: Emergency enrollments constituted a higher proportion of total enrollments in counties in which the CWP is not operated compared to counties in which the CWP is currently available, with 17.6 percent of enrollments in non-CWP counties due to an emergency reason (such as loss of a caregiver) compared to only 9.2 percent of enrollments in CWP counties.

Per-Person-Per-Month (PPPM) costs: Per-person costs for HCBS services were $7,513 more per month for ID/LAH participants compared to CWP participants, largely due to the large proportion of ID Waiver participants utilizing paid residential services. In Year 3, PPPM costs for non-HCBS services (such as medical care) were about 27 percent higher among CWP participants compared to ID/LAH waiver participants. In Year 2, the average cost per person for ID/LAH was $5,783 more than CWP waiver participants (with ID/LAH costs about three times higher than CWP costs). In Year 3, that difference had grown to $7,512 (with ID/LAH costs about three times higher than CWP costs).

Demonstration Goal #2: Increased Independence of Participants

Evaluation measures indicate that the Demonstration is making significant progress on meeting this goal. A higher percentage of CWP enrollees are working in competitive integrated employment than ID/LAH enrollees, and CWP enrollees utilize self-directed services at much higher rates than ID and LAH enrollees.

Competitive Employment: A substantially higher percentage of CWP enrollees who received an employment assessment were working in competitive integrated employment than enrollees in ID/LAH

in all three years of the demonstration. Additionally, the percentage of CWP enrollees working in competitive integrated employment increased substantially from Year 1 to Year 3. In Year 3, 14.0 percent of the participants with an employment assessment in the CWP had qualifying CIE, compared to 3.0 percent of ID/LAH waiver participants; this is a significant increase for CWP over Year 2, when 8.7 percent of the participants with an employment assessment in the CWP had qualifying CIE, compared to 2.4 percent of ID/LAH waiver participants in the CWP counties. The rate of growth in the proportion of participants in CWP who have attained CIE from Year 2 to Year 3 was 4.0%, compared to 0.3% for ID/LAH waiver participants. These data suggest that CWP is making significant progress on this key objective of supporting enrollees in contributing to their community through participating in competitive integrated employment.

Utilization of Self-Direction: In Year 3, one of the largest statistical gains was in the number of CWP participants utilizing self-directed services, with about two in five (40.1 percent) participants using self-directed services compared to 12.3 percent of ID/LAH waiver participants. This difference is far more pronounced than in Year 2, when 17.9% of CWP participants utilized self-directed services, compared to 9.9% of ID/LAH waiver participants. A higher proportion of the total spending was through self-direction for CWP participants (17.7 percent) compared to ID/LAH waiver participants (5.3 percent). Additionally, the percentage of CWP spending delivered through self-direction is substantially higher than the percentage in ID/LAH. Additionally, the percentage of CWP self-directed spending increased from Year 2 to Year 3, while it decreased in ID/LAH from Year 2 to 3.

Demonstration Goal #3: Increased Community Integration of Participants

Evaluation measures indicate that the Demonstration is making significant progress on meeting this goal. The percentage of CWP participants living in settings that are not provider-owned or controlled is double that of ID/LAH participants, and a higher percentage of CWP participants had non-Medicaid funded support in their person-centered plan, compared with ID/LAH participants. However, a lower percentage of CWP enrollees had multiple support strategies in their person-centered plan, compared with ID/LAH participants.

Individuals Living in Settings that are Not Provider Owned/Controlled: In Year 3, 84.7% of CWP participants lived in a setting that was not provider-owned or controlled (a natural setting), compared to 44.3% of ID/LAH waiver participants. This represents a decrease in the proportional difference in the CWP relative to the ID/LAH from demonstration Year 2, when 91.4% of CWP participants lived in a natural setting.

Support Strategies in Person-Centered Plans (PCPs): In Year 3, 47.6 percent of participants in the CWP had person-centered plans (PCPs) that included at least one strategy type that was *not* Medicaid funded in at least three of the five life domains, about 5 percentage points higher than the 42.6 percent of ID/LAH waiver participants. Additionally, 58.8 percent of the strategy types found in CWP participants' PCPs are non-Medicaid funded, 22.6 percentage points higher than ID/LAH waiver participants' PCPs. However, ID/LAH waiver participants were more likely to have a higher number of diverse support strategies within their PCPs than CWP participants at rates similar to Year 2 data.

Utilization of a Wide Range of Services: In Year 3, CWP participants were more likely to use a wider range of services than ID/LAH waiver participants, and spending was more distributed across service categories, with 6 service categories representing at least 1 percent of spending for CWP participants, as compared to only 4 service categories in the ID/LAH waivers. Additionally, in Year 1, CWP and ID/LAH had a similar percentage of strategies that were non-Medicaid funded (39.8% for ID/LAH and 41.8% for CWP.) By Year 3, CWP had increased to 58.8%, while ID/LAH had decreased slightly to 36.2%. These data

suggest that CWP is making significant progress meeting the key objective of incorporating the full range of services and supports into its person-centered planning.

Demonstration Goal #4: Prevention of Escalation of Needs of Participants

Evaluation measures indicate that the Demonstration is making progress on meeting this goal. The percentage of CWP enrollees that experienced a crisis is lower than the percentage for ID/LAH, and the average number of crises experienced by CWP enrollees is lower than the average for ID/LAH participants.

Percentage of Individuals Who Experience a Crisis: The percentage of individuals that experienced a crisis in CWP was 1.1% in Year 2 and grew somewhat to 3.2% in Year 3. The percentage of individuals experiencing a crisis in ID/LAH was much greater across years, at 14.2% and 16.5%, respectively. When comparing CWP to Legacy waivers only in regions where CWP is available, the results are similar, though the percentage of enrollees with a crisis were slightly lower in ID/LAH in both years (13.3% in Year 2 and 10.2% in Year 3).

Number of Crises Experienced by Participants: The number of crises experienced per individual was similar across the waivers in Year 3 at 1.3 crises per individual for ID/LAH enrollees and 1.1 for CWP enrollees, as illustrated in Table 18. In Year 2, there were zero crises reported for CWP, whereas the ID/LAH waivers had 1.3 crises per enrollee.

Emergency Enrollments: The proportion of emergency enrollments due to a crisis was nearly double in counties in which the CWP is not operated compared to counties in which it is available in Year 3. Specifically, 17.6% of all enrollments in Year 3 in non-CWP counties were due to a crisis compared to only 9.2% in counties in which the CWP operates. However, the proportion of enrollments due to crisis in counties in which the CWP operates increased from Year 2 (5.6%) to Year 3 (9.2%).

Escalation of Needs: As of the end of demonstration Year 3, there were three individuals enrolled in CWP Group 5, but none of these individuals needs escalated to resulting in enrollment in a 1915(c) group. In Years 1 and 2, there were no individuals in CWP Group 5.

Demonstration Goal #5: Increased Stability and Quality of Providers

Evaluation measures indicate that the Demonstration is making progress on meeting this goal. CWP providers' self-assessed ratings of stability and other indicators of stability including amount of cash reserves and ratings of financial health were generally higher overall than those of their ID/LAH counterparts, although there was a slight decline in the degree of the level of agreement to which all providers reported being stable between baseline and evaluation midpoint. Self-assessed ratings of their overall quality and their capacity to provide quality services are expressed at higher degrees of agreement by CWP providers as compared to ID/LAH providers. Only ID/LAH providers indicated below-average ratings of overall quality and their capacity to provide quality services in a significant decrease from baseline to mid-point. However, staff turnover of DSPs was significantly higher among CWP providers as compared to ID/LAH providers.

Self-Direction Staffing Wages and Stability: In this period, the wages for self-directed direct support workers (DSWs) delivering personal care were considerably higher than agency wages, at $20.03 per hour compared to $12.52 per hour. Average turnover rates for DSWs delivering self-directed services were about 16.3 percentage points lower than turnover rates among direct support professionals (DSPs) employed by agency providers.

Accreditation: CWP providers are more likely to be accredited than ID/LAH-only providers. A quarter of

CWP providers report meeting a national accreditation standard, compared to an eighth of ID/LAH-only providers.

Support Coordination: In Year 3, support coordinators serving the ID/LAH waivers were 2.8 percentage points lower in turnover rates than CWP support coordinators. Satisfaction with support coordination services was high in all of the waivers, however, overall satisfaction with the participant's support coordinator was statistically significantly lower for CWP than for ID/LAH.

SECTION H: Interpretations, Policy Implications, and Interactions with Other State Initiatives

The interim evaluation findings indicate ADMH-DDD's Community Waiver Program (CWP) Section 1115 demonstration is making meaningful progress toward its overarching goal of improving access to, and quality of, home and community-based services (HCBS) for individuals with intellectual disabilities while promoting efficiency and sustainability. Across multiple demonstration goals, the CWP shows favorable trends relative to the 1915(c) ID and LAH waivers, particularly in the areas of access expansion, cost containment, employment outcomes, community integration, and crisis prevention.

The evaluation demonstrates the CWP expanded system capacity and increased enrollment from the waiting list, while maintaining lower per-person Medicaid costs compared to the ID and LAH waivers. These findings suggest the use of distinctive enrollment groups, expenditure caps, and targeted service options can be effective tools for states seeking to balance access expansion with fiscal responsibility. Overall, improvements in competitive integrated employment and utilization of self-directed services indicate the demonstration is advancing participant independence and person-centered service delivery. However, the evaluation also identifies areas where outcomes are mixed, including variability across regions, higher DSP turnover among some CWP providers, and uneven implementation of person-centered planning strategies. These findings emphasize the importance of continued monitoring, provider support, and targeted technical assistance as the demonstration continues.

First, data suggest there may be opportunities to increase the number of CWP enrollees who receive services to assist with achieving competitive integrated employment. The percentage of enrollees who do not work in competitive integrated employment (CIE) and received at least one paid waiver service that is intended to assist with achieving CIE across both waivers are very low. These percentages hover at about 1%, with the exception of CWP in Year 2, which showed an increase to 3.4%. Further examination of these data in upcoming years is necessary to make any interpretations about what these data may suggest about progress on this key objective.

Second, there may be opportunities for ADMH to evaluate underlying reasons for significant variations in outcomes by regions for select measures. For example, although 40.1 percent of CWP participants utilized self-directed services in Year 3 of the demonstration statewide, lower outcomes in Region 4 (17.9%) and Region 5 (31.9%) may be worth exploring to understand what differences within the regions may impact lower than Statewide averages.

Third, evaluation data suggest there may be room for improvement in several areas related to support coordination, including staff turnover, the number of different strategies included in person-centered plans, and rates of participation in employment. It is likely that these data could be improved by with a focus on training, person-centered planning, program documentation, and the quality of support coordination services

It may be useful to conduct further analyses on the kinds of encounters that are driving non-HCBS Medicaid expenditures. While this is beyond the scope of this evaluation, the state may find it useful to explore such an analysis, particularly focusing on the kinds of claims made by individual participants with different levels of acuity across a range of residential settings

At the state level, these interim findings support the use of Section 1115 authority as an instrument to redesign HCBS delivery for individuals with intellectual disabilities; with the understanding implementation of system change is a lengthy and ongoing process. The CWP demonstrates phased implementation and flexible service design can support system transformation while managing risk. The observed reductions in per-person costs, combined with increased access and improved employment

outcomes, suggest the demonstration is aligned with ADMH-DDD's long-term goals of sustainability, community integration, and family preservation.

At the national level, the CWP offers relevant insights for Medicaid policymakers considering alternatives to traditional 1915(c) waiver structures, especially considering the new opportunities afforded to states under the OBBBA Pub. L. 119-21. The demonstration highlights the potential role of self-direction, differentiated service packages, and proactive crisis-prevention strategies in improving outcomes for individuals with intellectual disabilities. The experience of ADMH-DDD's demonstration may inform federal and state discussions regarding HCBS rebalancing, workforce stability, and strategies to serve individuals who require HCBS but do not meet institutional level-of-care criteria.

The CWP demonstration operates in close coordination with ADMH-DDD's ID and LAH 1915(c) waivers, which continue to serve the majority of the state's HCBS IDD population. Maintaining these waivers alongside the demonstration has enabled comparative analysis and has allowed the state to preserve continuity of care for existing participants while piloting new service delivery approaches.

The demonstration also interacts with broader Medicaid initiatives related to provider capacity, workforce development, quality improvement, and data integrity efforts. Efforts to strengthen provider qualifications, limit network participation to "preferred" providers, and support self-direction are aligned with statewide goals to improve service quality and stability. Similarly, enhancements to data systems and reporting processes, including improvements to critical incident reporting and survey administration, support both evaluation activities and ongoing program oversight.

As the demonstration progresses, continued alignment between the CWP and other Medicaid initiatives will remain critical to ensuring consistency, minimizing duplication, and maximizing the demonstration's impact across the broader HCBS system.

SECTION I: Lessons Learned and Recommendations

Several key lessons have emerged from the first three years of implementation of the CWP demonstration.

First, phased implementation and geographic targeting were significant in building provider capacity and allowing for program development. The gradual rollout of enrollment and services supported infrastructure improvements and quality oversight, even though it limited the availability of analyzable data in the earliest demonstration year and going into year two.

Second, self-direction is a powerful driver of independence and cost efficiency, but its success varies by region and requires sustained technical assistance for participants, families, and providers. Regional variation in self-direction utilization and housing outcomes highlights the importance of targeted capacity-building strategies.

Third, crisis-prevention and early intervention strategies appear effective in reducing the proportion and frequency of crises among CWP participants compared to ID and LAH waiver participants. However, data limitations and system transitions emphasize the need for stable, integrated data systems to fully capture and analyze crisis-related outcomes to determine the validity and reliability of this information.

Finally, workforce stability remains a challenge, even in the context of broader improvements in provider self-reported stability and quality. Higher DSP turnover among some CWP providers underscores the need for continued attention to workforce compensation, training, and retention strategies.

Based on the interim findings, the State identifies the following recommendations:

- Target efforts to reduce regional variation in outcomes through provider technical assistance, performance monitoring, and dissemination of best practices.
- Strengthen workforce-focused strategies, including compensation analysis, retention supports, and efficient and effective training initiatives, to address DSP and support coordinator turnover.
- Enhance person-centered planning practices to increase the use of diverse, non-Medicaid supports and strategies across all regions.
- Maintain and further refine data collection and reporting systems to support real-time monitoring, evaluation, and quality improvement.
- Use findings from the CWP demonstration to inform consideration of future or revised initiatives, including outreach strategies and approaches to serving individuals who require HCBS but do not meet institutional level-of-care criteria.

The State will continue to use interim evaluation findings to guide program modifications and to inform the final evaluation, ensuring the demonstration provides meaningful evidence to Medicaid HCBS policy development.

Table 37: Summary of Measures by Goal

Demonstration Goal	Total Measures	Measures with Results Trending in the Intended Direction	Measures with Results Trending in the Wrong Direction	Total Measures Where Tests Were Run for Statistical Significance	Of these, the Total Where Trend in Intended Direction and Statistically Significant	Of these, the Total Where Trends in Wrong Direction and Statistically Significant	Of these, the Total Where There Was No Statistically Significant Change
Goal 1: Increased Access to Needed Services and Supports	3	3	0	0	0	0	0
Goal 2: Increased Independence of Participants	5	4	1	3	2	0	1
Goal 3: Increased Community Integration of Participants	7	6	1	4	1	1	2
Goal 4: Prevention of Escalation of Needs of Participants	4	2	1	1	0	0	0
Goal 5: Increased Stability and Quality of Providers	11	4	6	2	1	0	1

Assessment of Opportunities for Improvement

The interim evaluation data suggest opportunities for improvement.

First, data suggest there may be opportunities to increase the number of CWP enrollees who receive services to assist with achieving competitive integrated employment. The percentage of enrollees who do not work in competitive integrated employment (CIE) and received at least one paid waiver service that is intended to assist with achieving CIE across both waivers are very low. These percentages hover at about 1%, with the exception of CWP in Year 2, which showed an increase to 3.4%. Further examination of these data in upcoming years is necessary to make any interpretations about what these data may suggest about progress on this key objective.

Second, there may be opportunities for ADMH to evaluate underlying reasons for significant variations in outcomes by regions for select measures. For example, although 40.1 percent of CWP participants utilized self-directed services in Year 3 of the demonstration statewide, lower outcomes in Region 4 (17.9%) and Region 5 (31.9%) may be worth exploring to understand what differences within the regions may impact lower than Statewide averages.

Third, evaluation data suggest there may be room for improvement in several areas related to support coordination, including staff turnover, the number of different strategies included in person-centered plans, and rates of participation in employment. It is likely that these data could be improved by with a focus on training, person-centered planning, program documentation, and the quality of support coordination services.

Fourth, it may be useful to conduct further analyses on the kinds of encounters that are driving non-HCBS Medicaid expenditures. While this is beyond the scope of this evaluation, the state may find it useful to explore such an analysis, particularly focusing on the kinds of claims made by individual participants with different levels of acuity across a range of residential settings.

State of Alabama Interpretations from the Evaluation Findings

Medicaid and ADMH agree with the findings on measures reported in this Interim Evaluation.

APPENDIX A: Approved Evaluation Design Plan

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

Overview of the Issues Addressed by the Section 1115 Demonstration 5
Brief Description of the Demonstration and Its History 6
Populations Impacted by the Demonstration 7
Part B. Evaluation Questions and Hypotheses 9
Driver Diagram 12
Hypotheses About the Outcomes of the Demonstration 14
Part C. Methodology 15
Overview of Evaluation Design 15
Target and Comparison Populations 15
Evaluation Period 15
Evaluation Measures 16
Table 1. Evaluation Questions, Hypotheses and Measures 14
Data Sources 45
Analytic Methods 46
Part D. Methodological Limitations 48
Part E. Attachments 48
Attachment 1 — Independent Evaluator 48
Attachment 2 — Evaluation Budget 50
Attachment 3 —Timeline and Major Milestones 51

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 CWP 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.[12]

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.[13]
- **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. [14]
- **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.[15]
- **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

[12] "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

[13] 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).

[14] Larson, 61 (Table 2.1).

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

percent.[16] At the same time, spending on integrated employment services represented only 2.4 percent of total day and employment expenditures.[17]

- **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.[18] However, 42 percent of the state's NCI-IDD survey respondents who do not have a paid community job, report they would like one.[19]
- **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.[20] 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 annual unduplicated available slots between the four 1915(c) waiver enrollment groups and the expenditure authority group as well as between regions.)

---

[16] 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

[17] 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

[18] "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.

[19] "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.

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

- 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 CWP.

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 CWP 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 CWP 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 CWP, 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:

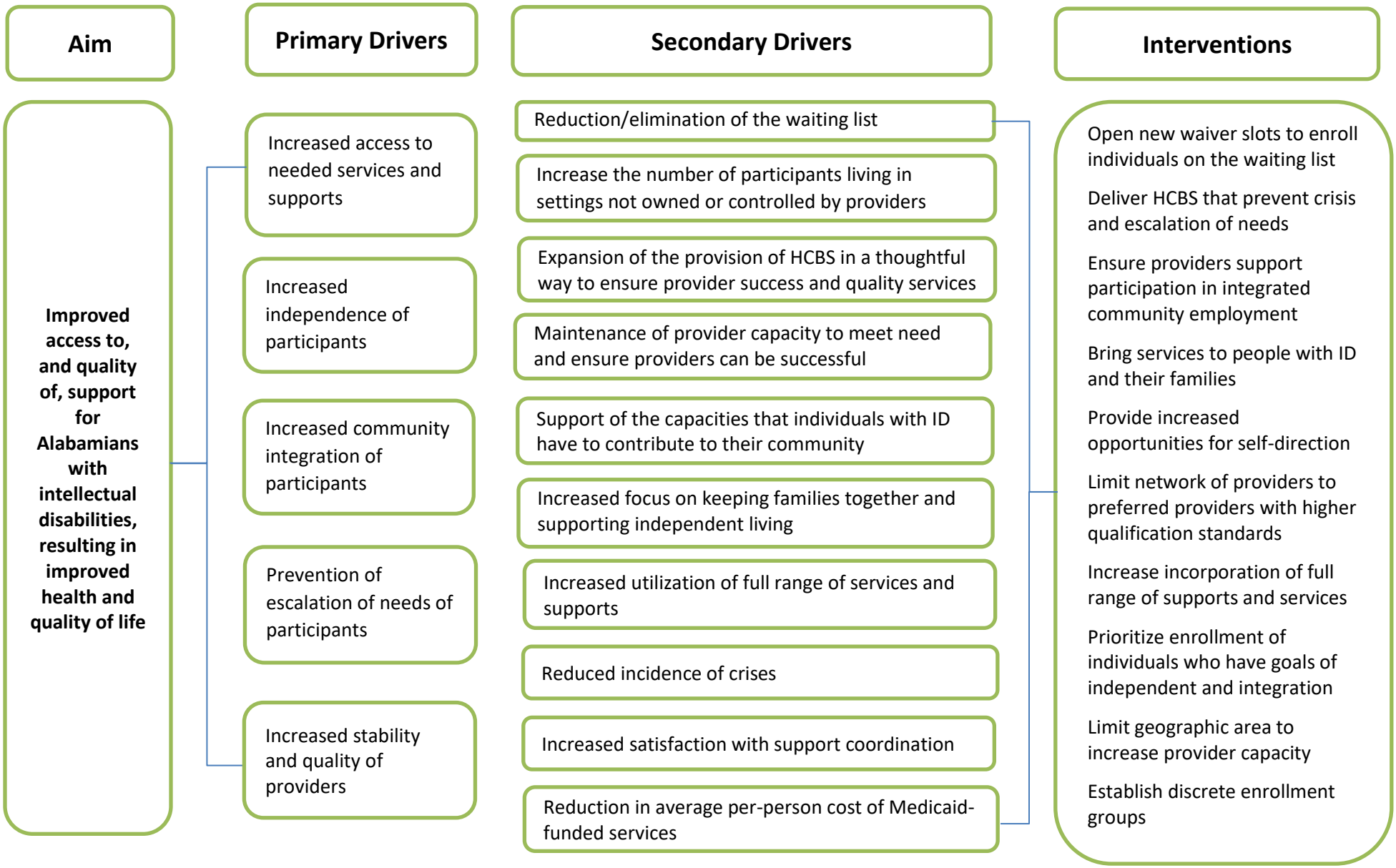
- To what degree does the CWP result in expanded capacity to serve more individuals and an increased number of annual enrollments of individuals from the ADMH-DDD waiting list?
- To what degree does the CWP have lower per-person costs for Medicaid-funded services, inclusive of waiver and state plan services,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



Hypotheses About the Outcomes of the Demonstration

The state hypothesizes that:

- 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.
- 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.
- 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.
- The CWP will result in higher utilization of self-directed services compared to the ID and LAH waivers.
- 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.
- The CWP 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 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.
- 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.
- 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.
- The CWP will result in participating provider agencies reporting greater organizational stability compared to ID and LAH waiver providers.
- The CWP will result in higher performance by providers on service delivery quality measures compared to providers serving only the ID and LAH waivers.
- 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.

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 CWP 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 CWP 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.					

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
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

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

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
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 CWP 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.					

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
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

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
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

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
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
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 CWP 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

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
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

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
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

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
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

Measure	Description and Objective	Sample Population/ Comparison Group	Calculation	Analytic Methods	Data Source(s)
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 CWP, 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 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),[21] 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-

[21] 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 CWP 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	

APPENDIX B: Additional Data Tables

Table Set A1 - M3 Results by CWP Region: Mean per-person cost (measured on a participant 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 (CWP Regional Results)

	Year 2			Year 3		
Region 1	**HCBS Claims**			**HCBS Claims**		
CWP	$335,163	239	$1,402	$587,356	427	$1,376
ID/LAH	$87,945,177	8,790	$10,005	$83,190,648	6,831	$12,178
	Non HCBS Claims			**Non HCBS Claims**		
CWP	$202,616	306	$662	$241,833	312	$775
ID/LAH	$3,565,162	8,503	$419	$3,364,379	8218	$409
	General Administrative Costs			**General Administrative Costs**		
CWP	$17,644	239	$74	$37,239	427	$87
ID/LAH	$648,908	8,790	$74	$595,739	6,831	$87
	CWP-Only Administrative Costs			**CWP-Only Administrative Costs**		
CWP	$118,289	239	$495	$96,311	427	$226
	Totals			**Totals**		
CWP	**$673,712**	**-**	**$2,633**	**$962,739**		**$2,464**
ID/LAH	**$92,159,248**	**-**	**$10,498**	**$87,150,766**		**$12,674**

	Year 2			Year 3		
Region 2	**HCBS Claims**			**HCBS Claims**		
CWP	$697,223	485	$1,438	$1,351,448	826	$1,636
ID/LAH	$51,594,249	5,692	$9,064	$45,105,635	4,115	$10,961
	Non HCBS Claims			**Non HCBS Claims**		
CWP	$35,380	206	$172	$52,512	275	$191
ID/LAH	$2,640,143	5,492	$481	$2,431,672	5182	$469
	General Administrative Costs			**General Administrative Costs**		
CWP	$35,804	485	$74	$72,036	826	$87
ID/LAH	$420,203	5,692	$74	$358,873	4,115	$87
	CWP-Only Administrative Costs			**CWP-Only Administrative Costs**		
CWP	$240,043	485	$495	$186,307	826	$226
	Totals			**Totals**		
CWP	**$1,008,450**	**-**	**$2,178**	**$1,662,303**		**$2,140**
ID/LAH	**$54,654,595**	**-**	**$9,619**	**$47,896,180**		**$11,517**

	Year 2			Year 3		
Region 3	**HCBS Claims**			**HCBS Claims**		
CWP	$870,630	284	$3,066	$2,273,094	428	$5,311
ID/LAH	$77,392,683	8,043	$9,622	$79,612,098	6,279	$12,679
	Non HCBS Claims			**Non HCBS Claims**		
CWP	$248,432	382	$650	$222,417	396	$562
ID/LAH	$3,590,173	7,409	$485	$3,627,704	7155	$507
	General Administrative Costs			**General Administrative Costs**		
CWP	$20,966	284	$74	$37,326	428	$87
ID/LAH	$593,762	8,043	$74	$547,598	6,279	$87
	CWP-Only Administrative Costs			**CWP-Only Administrative Costs**		
CWP	$140,561	284	$495	$96,537	428	$226
	Totals			**Totals**		
CWP	**$1,280,589**	**-**	**$4,285**	**$2,629,374**		**$6,186**
ID/LAH	**$81,576,618**	**-**	**$10,181**	**$83,787,400**		**$13,273**

	Year 2	Year 3

Region 4	**HCBS Claims**			**HCBS Claims**		
CWP	$306,226	184	$1,664	$1,076,445	308	$3,495
ID/LAH	$48,695,115	5,658	$8,606	$46,741,390	4,254	$10,988
	Non HCBS Claims			**Non HCBS Claims**		
CWP	$54,354	157	$346	$76,952	192	$401
ID/LAH	$1,963,543	5,189	$378	$1,753,985	4646	$378
	General Administrative Costs			**General Administrative Costs**		
CWP	$13,584	184	$74	$26,861	308	$87
ID/LAH	$417,693	5,658	$74	$370,996	4,254	$87
	CWP-Only Administrative Costs			**CWP-Only Administrative Costs**		
CWP	$91,068	184	$495	$69,470	308	$226
	Totals			**Totals**		
CWP	**$465,231**	**-**	**$2,579**	**$1,249,728**		**$4,209**
ID/LAH	**$51,076,351**	**-**	**$9,059**	**$48,866,371**		**$11,453**

	Year 2			**Year 3**		
Region 5	**HCBS Claims**			**HCBS Claims**		
CWP	$382,076	187	$2,043	$1,543,921	347	$4,449
ID/LAH	$61,585,155	7,522	$8,187	$71,005,185	5,987	$11,860
	Non HCBS Claims			**Non HCBS Claims**		
CWP	$161,227	215	$750	$201,941	286	$706
ID/LAH	$3,238,710	6,914	$468	$2,993,328	7452	$402
	General Administrative Costs			**General Administrative Costs**		
CWP	$13,805	187	$74	$30,262	347	$87
ID/LAH	$555,300	7,522	$74	$522,133	5,987	$87
	CWP-Only Administrative Costs			**CWP-Only Administrative Costs**		
CWP	$92,552	187	$495	$78,267	347	$226
	Totals			**Totals**		
CWP	**$649,661**	**-**	**$3,362**	**$1,854,391**		**$5,468**
ID/LAH	**$65,379,165**	**-**	**$8,730**	**$74,520,646**		**$12,349**

Table Set A2 – M7 Results by CWP Region: Proportion of individuals utilizing self-directed services compared to individuals enrolled in the ID and LAH waivers

	Region 1			
	Year 2		Year 3	
	CWP	**ID/LAH**	**CWP**	**ID/LAH**
Ct. Utilized Self-Directed Services	12	97	24	95
All Participants with Claims	34	755	58	749
% Utilizing Self-Directed Services	**35.3%**	**12.8%**	**41.4%**	**12.7%**

	Region 2			
	Year 2		Year 3	
	CWP	**ID/LAH**	**CWP**	**ID/LAH**
Ct. Utilized Self-Directed Services	10	115	46	123
All Participants with Claims	54	490	97	462
% Utilizing Self-Directed Services	**18.5%**	**23.5%**	**47.4%**	**26.6%**

	Region 3			
	Year 2		Year 3	
	CWP	**ID/LAH**	**CWP**	**ID/LAH**
Ct. Utilized Self-Directed Services	7	76	31	88
All Participants with Claims	46	702	66	681
% Utilizing Self-Directed Services	**15.2%**	**10.8%**	**47.0%**	**12.9%**

	Region 4			
	Year 2		Year 3	
	CWP	**ID/LAH**	**CWP**	**ID/LAH**
Ct. Utilized Self-Directed Services	0	30	7	34
All Participants with Claims	25	500	39	462
% Utilizing Self-Directed Services	**0.0%**	**6.0%**	**17.9%**	**7.4%**

	Region 5			
	Year 2		Year 3	
	CWP	**ID/LAH**	**CWP**	**ID/LAH**
Ct. Utilized Self-Directed Services	4	36	15	45
All Participants with Claims	21	654	47	650
% Utilizing Self-Directed Services	**19.0%**	**5.5%**	**31.9%**	**6.9%**

Table Set A3 – M8 Results by CWP Region: Percentage of total CWP spending delivered through self-directed services compared to the ID and LAH waivers

	Region 1					
	Year 2			Year 3		
	CWP	**ID/LAH**	**Total**	**CWP**	**ID/LAH**	**Total**
Total Self-Directed Spend	$101,387	$4,747,517	$4,848,904	$252,857	$3,890,950	$4,143,807
Total Waiver Spending	$233,777	$83,197,660	$83,431,437	$581,428	$83,089,990	$83,671,418
% of Spending through SD	**43.4%**	**5.7%**	**5.8%**	**43.5%**	**4.7%**	**5.0%**

	Region 2					
	Year 2			Year 3		
	CWP	**ID/LAH**	**Total**	**CWP**	**ID/LAH**	**Total**
Total Self-Directed Spend	$69,631	$5,485,906	$5,555,536	$509,937	$5,517,440	$6,027,377
Total Waiver Spending	$627,592	$46,108,343	$46,735,936	$1,343,862	$45,057,171	$46,401,034
% of Spending through SD	**11.1%**	**11.9%**	**11.9%**	**37.9%**	**12.2%**	**13.0%**

	Region 3					
	Year 2			Year 3		
	CWP	**ID/LAH**	**Total**	**CWP**	**ID/LAH**	**Total**
Total Self-Directed Spend	$88,828	$4,762,707	$4,851,535	$232,765	$4,726,594	$4,959,358
Total Waiver Spending	$781,802	$72,629,976	$73,411,778	$2,273,094	$79,604,700	$81,877,794
% of Spending through SD	**11.4%**	**6.6%**	**6.6%**	**10.2%**	**5.9%**	**6.1%**

	Region 4					
	Year 2			Year 3		
	CWP	**ID/LAH**	**Total**	**CWP**	**ID/LAH**	**Total**
Total Self-Directed Spend	$0	$1,677,198	$1,677,198	$43,023	$964,458	$1,007,481
Total Waiver Spending	$306,226	$47,017,916	$47,324,142	$1,074,202	$46,684,489	$47,758,691
% of Spending through SD	**0.0%**	**3.6%**	**3.5%**	**4.0%**	**2.1%**	**2.1%**

	Region 5					
	Year 2			Year 3		
	CWP	**ID/LAH**	**Total**	**CWP**	**ID/LAH**	**Total**
Total Self-Directed Spend	$39,789	$1,945,155	$1,984,944	$166,124	$1,833,320	$1,999,444
Total Waiver Spending	$342,287	$59,640,000	$59,982,287	$1,520,131	$70,953,055	$72,473,185
% of Spending through SD	**11.6%**	**3.3%**	**3.3%**	**10.9%**	**2.6%**	**2.8%**

Table Set A4 – M9 Results by CWP Region: Percentage of individuals living in residential settings that are not provider-owned or controlled, compared to the percentage in the ID and LAH waivers

	Region 1					
	Year 1		Year 2		Year 3	
	CWP	**ID/LAH**	**CWP**	**ID/LAH**	**CWP**	**ID/LAH**
Not Provider-owned/ Controlled	41	265	82	251	98	236
Provider-owned/ Controlled	2	469	1	482	5	513
Proportion Not Provider-owned/ Controlled	**95.3%**	**36.1%**	**98.8%**	**34.2%**	**95.1%**	**31.5%**

	Region 2					
	Year 1		Year 2		Year 3	
	CWP	**ID/LAH**	**CWP**	**ID/LAH**	**CWP**	**ID/LAH**
Not Provider-owned/ Controlled	35	241	70	224	90	220
Provider-owned/ Controlled	3	256	6	248	10	242
Proportion Not Provider-owned/ Controlled	**92.1%**	**48.5%**	**92.1%**	**47.5%**	**90.0%**	**47.6%**

	Region 3					
	Year 1		Year 2		Year 3	
	CWP	ID/LAH	CWP	ID/LAH	CWP	ID/LAH
Not Provider-owned/ Controlled	34	299	70	299	75	302
Provider-owned/ Controlled	7	383	14	376	29	380
Proportion Not Provider-owned/ Controlled	**82.9%**	**43.8%**	**83.3%**	**44.3%**	**72.1%**	**44.3%**

	Region 4					
	Year 1		Year 2		Year 3	
	CWP	ID/LAH	CWP	ID/LAH	CWP	ID/LAH
Not Provider-owned/ Controlled	23	222	42	209	42	203
Provider-owned/ Controlled	1	284	5	269	8	262
Proportion Not Provider-owned/ Controlled	**95.8%**	**43.9%**	**89.4%**	**43.7%**	**84.0%**	**43.7%**

	Region 5					
	Year 1		Year 2		Year 3	
	CWP	ID/LAH	CWP	ID/LAH	CWP	ID/LAH
Not Provider-owned/ Controlled	18	223	48	210	59	211
Provider-owned/ Controlled	0	454	4	414	14	440
Proportion Not Provider-owned/ Controlled	**100.0%**	**32.9%**	**92.3%**	**33.7%**	**80.8%**	**32.4%**

Table Set A5 – M10 Results by CWP Region: 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

	Region 1			
	Year 2		Year 3	
	CWP	ID/LAH	CWP	ID/LAH
Ct. in Setting Not Provider-owned/ Controlled at Beginning of Year 2	60	251	81	236
Ct. Remaining in Setting Not Provider-owned/ Controlled at End of Year 2	60	246	80	228
Proportion Remaining in Setting Not Provider-owned/ Controlled at End of Year 2	**100.0%**	**98.0%**	**98.8%**	**96.6%**

	Region 2			
	Year 2		Year 3	
	CWP	ID/LAH	CWP	ID/LAH
Ct. in Setting Not Provider-owned/ Controlled at Beginning of Year 2	54	227	83	221
Ct. Remaining in Setting Not Provider-owned/ Controlled at End of Year 2	50	220	83	219
Proportion Remaining in Setting Not Provider-owned/ Controlled at End of Year 2	**92.6%**	**96.9%**	**100.0%**	**99.1%**

	Region 3			
	Year 2		Year 3	
	CWP	ID/LAH	CWP	ID/LAH
Ct. in Setting Not Provider-owned/ Controlled at Beginning of Year 2	67	287	69	296
Ct. Remaining in Setting Not Provider-owned/ Controlled at End of Year 2	58	281	66	288
Proportion Remaining in Setting Not Provider-owned/ Controlled at End of Year 2	**86.6%**	**97.9%**	**95.7%**	**97.3%**

	Region 4			
	Year 2		Year 3	
	CWP	ID/LAH	CWP	ID/LAH
Ct. in Setting Not Provider-owned/ Controlled at Beginning of Year 2	33	207	37	200
Ct. Remaining in Setting Not Provider-owned/ Controlled at End of Year 2	29	204	35	197
Proportion Remaining in Setting Not Provider-owned/ Controlled at End of Year 2	**87.9%**	**98.6%**	**94.6%**	**98.5%**

	Region 5			
	Year 2		Year 3	
	CWP	ID/LAH	CWP	ID/LAH
Ct. in Setting Not Provider-owned/ Controlled at Beginning of Year 2	36	213	42	210
Ct. Remaining in Setting Not Provider-owned/ Controlled at End of Year 2	33	208	41	204

Proportion Remaining in Setting Not Provider-owned/ Controlled at End of Year 2	**91.7%**	**97.7%**	**97.6%**	**97.1%**

Table Set A6 – M13 Results by CWP Region: 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

	Region 1					
	Year 1		**Year 2**		**Year 3**	
	CWP	**ID/LAH**	**CWP**	**ID/LAH**	**CWP**	**ID/LAH**
Total PCPs	25	707	62	1,473	102	1,497
Count of PCPs with Multiple Strategy Types	1	60	0	414	0	434
% of PCPs with Multiple Strategy Types	**4.0%**	**8.5%**	**0.0%**	**21.9%**	**0.0%**	**22.5%**

	Region 2					
	Year 1		**Year 2**		**Year 3**	
	CWP	**ID/LAH**	**CWP**	**ID/LAH**	**CWP**	**ID/LAH**
Total PCPs	18	478	84	688	100	677
Count of PCPs with Multiple Strategy Types	2	88	2	140	3	64
% of PCPs with Multiple Strategy Types	**11.1%**	**18.4%**	**2.3%**	**16.9%**	**2.9%**	**8.6%**

	Region 3					
	Year 1		**Year 2**		**Year 3**	
	CWP	**ID/LAH**	**CWP**	**ID/LAH**	**CWP**	**ID/LAH**
Total PCPs	23	626	85	835	104	842
Count of PCPs with Multiple Strategy Types	2	31	14	33	29	25
% of PCPs with Multiple Strategy Types	**8.7%**	**5.0%**	**14.1%**	**3.8%**	**21.8%**	**2.9%**

	Region 4					
	Year 1		**Year 2**		**Year 3**	
	CWP	**ID/LAH**	**CWP**	**ID/LAH**	**CWP**	**ID/LAH**
Total PCPs	21	438	40	934	53	917
Count of PCPs with Multiple Strategy Types	3	72	7	65	14	88
% of PCPs with Multiple Strategy Types	**14.3%**	**16.4%**	**14.9%**	**6.5%**	**20.9%**	**8.8%**

	Region 5					
	Year 1		**Year 2**		**Year 3**	
	CWP	**ID/LAH**	**CWP**	**ID/LAH**	**CWP**	**ID/LAH**
Total PCPs	8	595	53	992	76	956
Count of PCPs with Multiple Strategy Types	0	51	0	99	2	56
% of PCPs with Multiple Strategy Types	**0.0%**	**8.6%**	**0.0%**	**9.1%**	**2.6%**	**5.5%**

Table Set A7 – M14 Results by CWP Region: 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

Region 1	**Year 2**				**Year 3**			
Service Category	**CWP**	**CWP % of Total**	**ID/LAH**	**ID/LAH % of Total**	**CWP**	**CWP % of Total**	**ID/LAH**	**ID/LAH % of Total**
Residential	$0	0.00%	$67,517,799	80.10%	$28,615	4.90%	$67,547,919	83.70%
Personal Assistance	$59,297	17.70%	$7,675,410	9.10%	$151,959	25.90%	$5,628,476	7.00%
Day Habilitation	$0	0.00%	$750,470	0.90%	$0	0.00%	$859,701	1.10%
Community Integration	$189,442	56.50%	$6,272,494	7.40%	$293,746	50.00%	$5,225,327	6.50%
Group Employment	$0	0.00%	$1,419,826	1.70%	$0	0.00%	$810,370	1.00%
Positive Behavior Supports	$0	0.00%	$27,934	0.00%	$0	0.00%	$20,899	0.00%
Nursing	$0	0.00%	$55,117	0.10%	$0	0.00%	$57,580	0.10%
Transportation	$61,885	18.50%	$265,405	0.30%	$67,013	11.40%	$170,212	0.20%
Respite	$16,560	4.90%	$266,166	0.30%	$29,099	5.00%	$223,973	0.30%
Supported Living	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%
Pre-Employment	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%
Individual Employment	$1,360	0.40%	$70,216	0.10%	$0	0.00%	$40,810	0.10%
Therapies	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%
Assistive Technology	$5,424	1.60%	$10,228	0.00%	$10,996	1.90%	$31,650	0.00%
Unknown	$0	0.00%	$0	0.00%	$5,928	1.00%	$100,657	0.10%
Housing Supports/ Home Modif.	$0	0.00%	$0	0.00%	$0	0.00%	$4,834	0.00%
Remote Supports	$1,195	0.40%	$0	0.00%	$0	0.00%	$1,959	0.00%
Total Spending	**$335,163**		**$84,331,067**		**$587,356**		**$80,724,367**	

Region 2	Year 2				Year 3			
Service Category	**CWP**	**CWP % of Total**	**ID/LAH**	**ID/LAH % of Total**	**CWP**	**CWP % of Total**	**ID/LAH**	**ID/LAH % of Total**
Residential	$367,108	74.30%	$36,324,548	74.30%	$326,246	30.20%	$32,378,880	74.90%
Personal Assistance	$22,463	4.50%	$6,812,604	13.90%	$152,253	14.10%	$6,247,925	14.50%
Day Habilitation	$0	0.00%	$1,404,062	2.90%	$0	0.00%	$848,740	2.00%
Community Integration	$61,540	12.50%	$3,466,687	7.10%	$456,071	42.30%	$2,693,198	6.20%
Group Employment	$9,186	1.90%	$446,585	0.90%	$13,363	1.20%	$395,258	0.90%
Positive Behavior Supports	$0	0.00%	$23,388	0.00%	$0	0.00%	$13,239	0.00%
Nursing	$0	0.00%	$54,152	0.10%	$0	0.00%	$161,565	0.40%
Transportation	$6,450	1.30%	$209,160	0.40%	$34,738	3.20%	$146,152	0.30%
Respite	$5,080	1.00%	$111,005	0.20%	$15,789	1.50%	$220,882	0.50%
Supported Living	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%
Pre-Employment	$0	0.00%	$1,249	0.00%	$0	0.00%	$0	0.00%
Individual Employment	$19,429	3.90%	$36,676	0.10%	$48,577	4.50%	$13,659	0.00%
Therapies	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%
Assistive Technology	$2,951	0.60%	$22,553	0.00%	$23,582	2.20%	$53,268	0.10%
Unknown	$0	0.00%	$0	0.00%	$7,586	0.70%	$48,464	0.10%
Housing Supports/ Home Modif.	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%
Remote Supports	$0	0.00%	$0	0.00%	$500	0.00%	$7,065	0.00%
Total Spending	**$494,207**		**$48,912,668**		**$1,078,705**		**$43,228,297**	

Region 3	Year 2	Year 3

Service Category	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total
Residential	$636,606	74.00%	$61,107,082	82.60%	$1,939,485	85.30%	$66,264,773	86.10%
Personal Assistance	$105,345	12.20%	$7,324,359	9.90%	$138,109	6.10%	$6,582,442	8.50%
Day Habilitation	$0	0.00%	$2,782,184	3.80%	$0	0.00%	$2,256,133	2.90%
Community Integration	$76,140	8.80%	$1,096,252	1.50%	$122,481	5.40%	$637,005	0.80%
Group Employment	$0	0.00%	$0	0.00%	$0	0.00%	$1,058	0.00%
Positive Behavior Supports	$2,520	0.30%	$483,619	0.70%	$2,625	0.10%	$470,056	0.60%
Nursing	$0	0.00%	$858,412	1.20%	$0	0.00%	$415,365	0.50%
Transportation	$8,341	1.00%	$66,485	0.10%	$21,246	0.90%	$52,200	0.10%
Respite	$17,736	2.10%	$284,528	0.40%	$28,506	1.30%	$291,352	0.40%
Supported Living	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%
Pre-Employment	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%
Individual Employment	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%
Therapies	$643	0.10%	$3,011	0.00%	$400	0.00%	$2,781	0.00%
Assistive Technology	$9,908	1.20%	$0	0.00%	$14,662	0.60%	$6,365	0.00%
Unknown	$0	0.00%	$13,698	0.00%	$0	0.00%	$7,398	0.00%
Housing Supports/ Home Modif.	$0	0.00%	$0	0.00%	$0	0.00%	$4,900	0.00%
Remote Supports	$3,486	0.40%	$0	0.00%	$5,580	0.20%	$0	0.00%
Total Spending	**$860,725**		**$74,019,631**		**$2,273,094**		**$76,991,827**	

Region 4	Year 2	Year 3

Service Category	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total
Residential	$190,781	62.30%	$37,923,070	80.90%	$862,885	80.20%	$39,301,977	86.40%
Personal Assistance	$36,638	12.00%	$5,176,725	11.00%	$89,552	8.30%	$3,181,286	7.00%
Day Habilitation	$0	0.00%	$3,108,964	6.60%	$0	0.00%	$2,396,485	5.30%
Community Integration	$61,463	20.10%	$300,530	0.60%	$79,239	7.40%	$293,390	0.60%
Group Employment	$0	0.00%	$5,088	0.00%	$0	0.00%	$0	0.00%
Positive Behavior Supports	$0	0.00%	$101,873	0.20%	$0	0.00%	$79,261	0.20%
Nursing	$0	0.00%	$68,901	0.10%	$0	0.00%	$29,398	0.10%
Transportation	$872	0.30%	$46,026	0.10%	$12,834	1.20%	$25,768	0.10%
Respite	$3,146	1.00%	$0	0.00%	$2,387	0.20%	$0	0.00%
Supported Living	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%
Pre-Employment	$0	0.00%	$131,270	0.30%	$0	0.00%	$130,242	0.30%
Individual Employment	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%
Therapies	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%
Assistive Technology	$11,404	3.70%	$582	0.00%	$21,241	2.00%	$11,354	0.00%
Unknown	$0	0.00%	$0	0.00%	$2,242	0.20%	$56,901	0.10%
Housing Supports/ Home Modif.	$0	0.00%	$823	0.00%	$0	0.00%	$5,000	0.00%
Remote Supports	$1,924	0.60%	$0	0.00%	$6,064	0.60%	$660	0.00%
Total Spending	**$306,226**		**$46,863,853**		**$1,076,445**		**$45,511,722**	

Region 5	Year 2	Year 3

Service Category	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total
Residential	$197,640	54.90%	$46,743,393	79.60%	$1,091,200	70.70%	$59,672,479	86.40%
Personal Assistance	$18,079	5.00%	$4,719,738	8.00%	$168,399	10.90%	$3,173,989	4.60%
Day Habilitation	$6,619	1.80%	$2,807,351	4.80%	$0	0.00%	$2,680,927	3.90%
Community Integration	$100,312	27.80%	$3,378,070	5.80%	$194,537	12.60%	$2,608,260	3.80%
Group Employment	$2,560	0.70%	$502,488	0.90%	$9,751	0.60%	$352,222	0.50%
Positive Behavior Supports	$2,835	0.80%	$312,716	0.50%	$6,675	0.40%	$373,048	0.50%
Nursing	$0	0.00%	$3,307	0.00%	$0	0.00%	$189	0.00%
Transportation	$14,569	4.00%	$70,606	0.10%	$24,065	1.60%	$37,279	0.10%
Respite	$0	0.00%	$60,567	0.10%	$4,361	0.30%	$7,879	0.00%
Supported Living	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%
Pre-Employment	$0	0.00%	$64,440	0.10%	$0	0.00%	$25,646	0.00%
Individual Employment	$14,762	4.10%	$0	0.00%	$10,201	0.70%	$0	0.00%
Therapies	$2,823	0.80%	$80,867	0.10%	$3,907	0.30%	$100,530	0.10%
Assistive Technology	$0	0.00%	$0	0.00%	$6,708	0.40%	$12,844	0.00%
Unknown	$0	0.00%	$0	0.00%	$23,790	1.50%	$52,130	0.10%
Housing Supports/ Home Modif.	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%
Remote Supports	$0	0.00%	$0	0.00%	$0	0.00%	$1,070	0.00%
Total Spending	**$360,198**		**$58,743,542**		**$1,543,593**		**$69,098,491**	

Table Set A8 – M15 Results by CWP Region: 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

	Region 1				Region 1			
	Year 2				Year 3			
Service Category	**CWP**	**CWP % of Total**	**ID/LAH**	**ID/LAH % of Total**	**CWP**	**CWP % of Total**	**ID/LAH**	**ID/LAH % of Total**
Residential	0	0.0%	514	70.3%	2	3.4%	537	73.2%
Personal Assistance	7	20.6%	164	22.4%	20	34.5%	146	19.9%
Day Habilitation	0	0.0%	76	10.4%	0	0.0%	143	19.5%
Community Integration	27	79.4%	291	39.8%	40	69.0%	374	51.0%
Group Employment	0	0.0%	43	5.9%	0	0.0%	48	6.5%
Positive Behavior Supports	0	0.0%	11	1.5%	0	0.0%	7	1.0%
Nursing	0	0.0%	2	0.3%	0	0.0%	4	0.5%
Transportation	24	70.6%	131	17.9%	37	63.8%	121	16.5%
Respite	4	11.8%	20	2.7%	4	6.9%	21	2.9%
Supported Living	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Pre-Employment	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Individual Employment	1	2.9%	57	7.8%	0	0.0%	64	8.7%
Therapies	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Assistive Technology	4	11.8%	10	1.4%	7	12.1%	22	3.0%
Unknown	0	0.0%	0	0.0%	1	1.7%	18	2.5%
Housing Supports/ Home Modif.	0	0.0%	0	0.0%	0	0.0%	2	0.3%
Remote Supports	2	5.9%	2	0.3%	2	3.4%	8	1.1%
Unique Individuals	**34**		**731**		**58**		**734**	

	Region 2	Region 2

	Year 2				Year 3			
Service Category	**CWP**	**CWP % of Total**	**ID/LAH**	**ID/LAH % of Total**	**CWP**	**CWP % of Total**	**ID/LAH**	**ID/LAH % of Total**
Residential	5	21.7%	278	57.9%	7	9.9%	258	56.6%
Personal Assistance	5	21.7%	161	33.5%	24	33.8%	162	35.5%
Day Habilitation	0	0.0%	185	38.5%	0	0.0%	144	31.6%
Community Integration	13	56.5%	224	46.7%	52	73.2%	198	43.4%
Group Employment	2	8.7%	43	9.0%	4	5.6%	35	7.7%
Positive Behavior Supports	0	0.0%	25	5.2%	0	0.0%	12	2.6%
Nursing	0	0.0%	3	0.6%	0	0.0%	4	0.9%
Transportation	7	30.4%	117	24.4%	33	46.5%	109	23.9%
Respite	4	17.4%	15	3.1%	8	11.3%	19	4.2%
Supported Living	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Pre-Employment	0	0.0%	1	0.2%	0	0.0%	0	0.0%
Individual Employment	3	13.0%	11	2.3%	6	8.5%	8	1.8%
Therapies	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Assistive Technology	2	8.7%	15	3.1%	21	29.6%	51	11.2%
Unknown	0	0.0%	0	0.0%	6	8.5%	39	8.6%
Housing Supports/ Home Modif.	0	0.0%	1	0.2%	0	0.0%	0	0.0%
Remote Supports	0	0.0%	2	0.4%	4	5.6%	29	6.4%
Unique Individuals	**23**		**480**		**71**		**456**	

Region 3	**Region 3**
Year 2	**Year 3**

Service Category	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total
Residential	8	21.1%	462	69.1%	20	30.3%	452	69.4%
Personal Assistance	22	57.9%	149	22.3%	31	47.0%	146	22.4%
Day Habilitation	0	0.0%	229	34.2%	0	0.0%	234	35.9%
Community Integration	18	47.4%	72	10.8%	31	47.0%	82	12.6%
Group Employment	0	0.0%	0	0.0%	0	0.0%	1	0.2%
Positive Behavior Supports	2	5.3%	223	33.3%	1	1.5%	226	34.7%
Nursing	0	0.0%	38	5.7%	0	0.0%	38	5.8%
Transportation	8	21.1%	56	8.4%	18	27.3%	52	8.0%
Respite	11	28.9%	39	5.8%	21	31.8%	47	7.2%
Supported Living	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Pre-Employment	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Individual Employment	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Therapies	1	2.6%	4	0.6%	2	3.0%	1	0.2%
Assistive Technology	13	34.2%	0	0.0%	17	25.8%	6	0.9%
Unknown	0	0.0%	7	1.0%	1	1.5%	5	0.8%
Housing Supports/ Home Modif.	0	0.0%	0	0.0%	0	0.0%	1	0.2%
Remote Supports	2	5.3%	0	0.0%	1	1.5%	0	0.0%
Unique Individuals	**38**		**669**		**66**		**651**	

Region 4	Region 4
Year 2	Year 3

Service Category	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total
Residential	3	12.0%	297	63.3%	8	20.5%	290	65.0%
Personal Assistance	15	60.0%	98	20.9%	19	48.7%	89	20.0%
Day Habilitation	0	0.0%	293	62.5%	0	0.0%	275	61.7%
Community Integration	16	64.0%	138	29.4%	19	48.7%	141	31.6%
Group Employment	0	0.0%	3	0.6%	0	0.0%	0	0.0%
Positive Behavior Supports	0	0.0%	41	8.7%	0	0.0%	45	10.1%
Nursing	0	0.0%	7	1.5%	0	0.0%	2	0.4%
Transportation	5	20.0%	43	9.2%	18	46.2%	35	7.8%
Respite	2	8.0%	0	0.0%	2	5.1%	0	0.0%
Supported Living	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Pre-Employment	0	0.0%	10	2.1%	0	0.0%	8	1.8%
Individual Employment	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Therapies	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Assistive Technology	10	40.0%	2	0.4%	16	41.0%	6	1.3%
Unknown	0	0.0%	0	0.0%	2	5.1%	4	0.9%
Housing Supports/ Home Modif.	0	0.0%	1	0.2%	0	0.0%	2	0.4%
Remote Supports	1	4.0%	1	0.2%	4	10.3%	2	0.4%
Unique Individuals	**25**		**469**		**39**		**446**	

Region 5	Region 5
Year 2	Year 3

Service Category	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total	CWP	CWP % of Total	ID/LAH	ID/LAH % of Total
Residential	2	10.0%	462	77.1%	12	26.1%	473	77.4%
Personal Assistance	7	35.0%	82	13.7%	17	37.0%	77	12.6%
Day Habilitation	1	5.0%	227	37.9%	0	0.0%	230	37.6%
Community Integration	17	85.0%	223	37.2%	31	67.4%	203	33.2%
Group Employment	1	5.0%	42	7.0%	2	4.3%	35	5.7%
Positive Behavior Supports	2	10.0%	171	28.5%	2	4.3%	193	31.6%
Nursing	0	0.0%	2	0.3%	0	0.0%	1	0.2%
Transportation	6	30.0%	33	5.5%	10	21.7%	30	4.9%
Respite	0	0.0%	4	0.7%	3	6.5%	1	0.2%
Supported Living	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Pre-Employment	0	0.0%	19	3.2%	0	0.0%	9	1.5%
Individual Employment	4	20.0%	0	0.0%	4	8.7%	0	0.0%
Therapies	3	15.0%	48	8.0%	3	6.5%	45	7.4%
Assistive Technology	0	0.0%	0	0.0%	5	10.9%	12	2.0%
Unknown	0	0.0%	0	0.0%	1	2.2%	11	1.8%
Housing Supports/ Home Modif.	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Remote Supports	2	10.0%	0	0.0%	1	2.2%	7	1.1%
Unique Individuals	**20**		**599**		**46**		**611**	