ANCOR

State Share 2024

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Background

ANCOR's "State Share" began many years ago as a session at ANCOR's annual conference. It started as an opportunity for ANCOR's Board of Representatives and State Association Executives (SAEs) to come together and share updates on best practices and legislative or policy initiatives with a group of their colleagues. The sharing of issues fostered networking and collaboration among members and proved invaluable to the participants and ANCOR staff.

Over time, as ANCOR's annual conferences grew in scope and depth, this session was tabled for other content. However, we soon recognized the demand for other avenues in which to share the vital information that came to define State Share. In response to numerous requests from members, ANCOR launched State Share as an annual survey and has delivered the content to members in the form of a webinar since 2018, with a formal survey report accompanying the webinar in more recent years.

This project would not be possible without the dedication and commitment of our Board of Representatives and SAEs. They are our eyes and ears on the ground across the country and we rely heavily on their input and insights about their states. These members help make sense of the issues facing providers and shape our national advocacy. They build constituent relationships with their federal elected officials and their state administrators. They are actively involved in grassroots advocacy and put a face on the issues impacting services for people with intellectual and developmental disabilities (I/DD). Without these members and their active engagement, ANCOR would not have the impact or see the success we have realized over the years. It is with deep appreciation to these and all our members that we offer this year's State Share report.

Executive Summary

This report represents data shared from across 41 states and the District of Columbia. Several clear themes emerge from the data and reflect areas of concern highlighted in previous State Share surveys.

The top priority identified by nearly all respondents—41 of 42—was the direct support professional (DSP) workforce crisis. Closely behind were rate-setting methodologies

for home- and community-based services (HCBS) and increased funding, with 31 and 30 affirmative responses, respectively.

We were pleased to see that 14 states have implemented funding increases specifically identified for DSP wages and another 12 states have implemented funding increases for cost-of-living adjustments (COLAs).

Beyond appropriations, we found that 11 state legislatures have taken up legislation to **improve employment outcomes for people with disabilities and/or to discontinue the use of 14(c) certificates**—those that permit the payment of wages below state minimums to disabled workers.

In the area of oversight and compliance, 15 states reported an **increase in CMS audit activity** relative to the HCBS Settings Rule. Fifteen states also reported an **increase in state-level regulatory compliance activities**. From a broader systems-change perspective, 19 states reported **waiver changes, renewals, or new waiver requests**, and 17 states reported **initiatives to address crisis and/or complex care services**.

The findings from this year's State Share survey leave us remaining alarmed by continued **agency and/or program closures** due primarily to funding & rates, mergers & acquisitions, and workforce issues. This was a trend that spiked upward during the COVID-19 pandemic, and although survey results suggest the problem has abated somewhat, closures remain much higher now than in the years leading up to the pandemic.

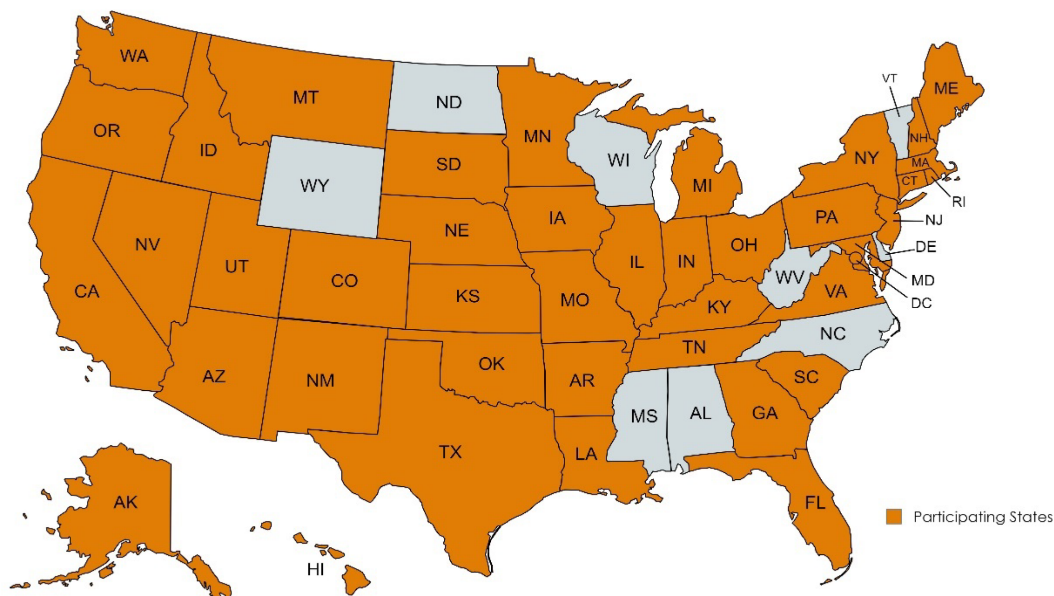
In response to these ongoing challenges, it was heartening to see states make robust efforts toward making permanent some **pandemic-era regulatory flexibilities**. Specifically, 25 states have taken steps to **continue the option to pay family caregivers**. Some states have done this through waiver changes and others through legislative mandates. Additionally, we found 17 states embracing the **use of remote services or remote monitoring** in some form. Seventeen was also the number of states to have taken steps to **enable or expand options for self-direction of services**.

We were also pleased to find that 12 states have **enabled providers to bill for HCBS services provided to a person in an acute care setting**. This option is a direct result of ANCOR's federal lobbying activity to add this as a billable service in Medicaid. The legislation, known as Margie & Isaiah's Law, passed in 2020 as part of the CARES Act following years of advocacy by the ANCOR community.

Looking to the future, we always conclude our annual survey by asking which policy or initiative respondents are most excited about. In response, members in 18 states identified **connecting best practices in workforce development to funding or payment**. The second most exciting initiative identified, uplifted by respondents in 16 states, was the **use of some form of telehealth or virtual care**, followed closely by **person-centered thinking/planning** and **connecting quality outcomes to payment**, both of which were identified by members in 15 states.

Methodology

The 2024 State Share survey was sent to members of ANCOR's Board of Representatives and SAE Forum and was fielded from March 6, 2024, through May 1, 2024. A total of 54 responses were received, and in instances when multiple responses were received from the same state, we reviewed the data with respondents to eliminate duplication and to ensure the integrity of the responses. The final data reflects responses from 41 states and the District of Columbia.

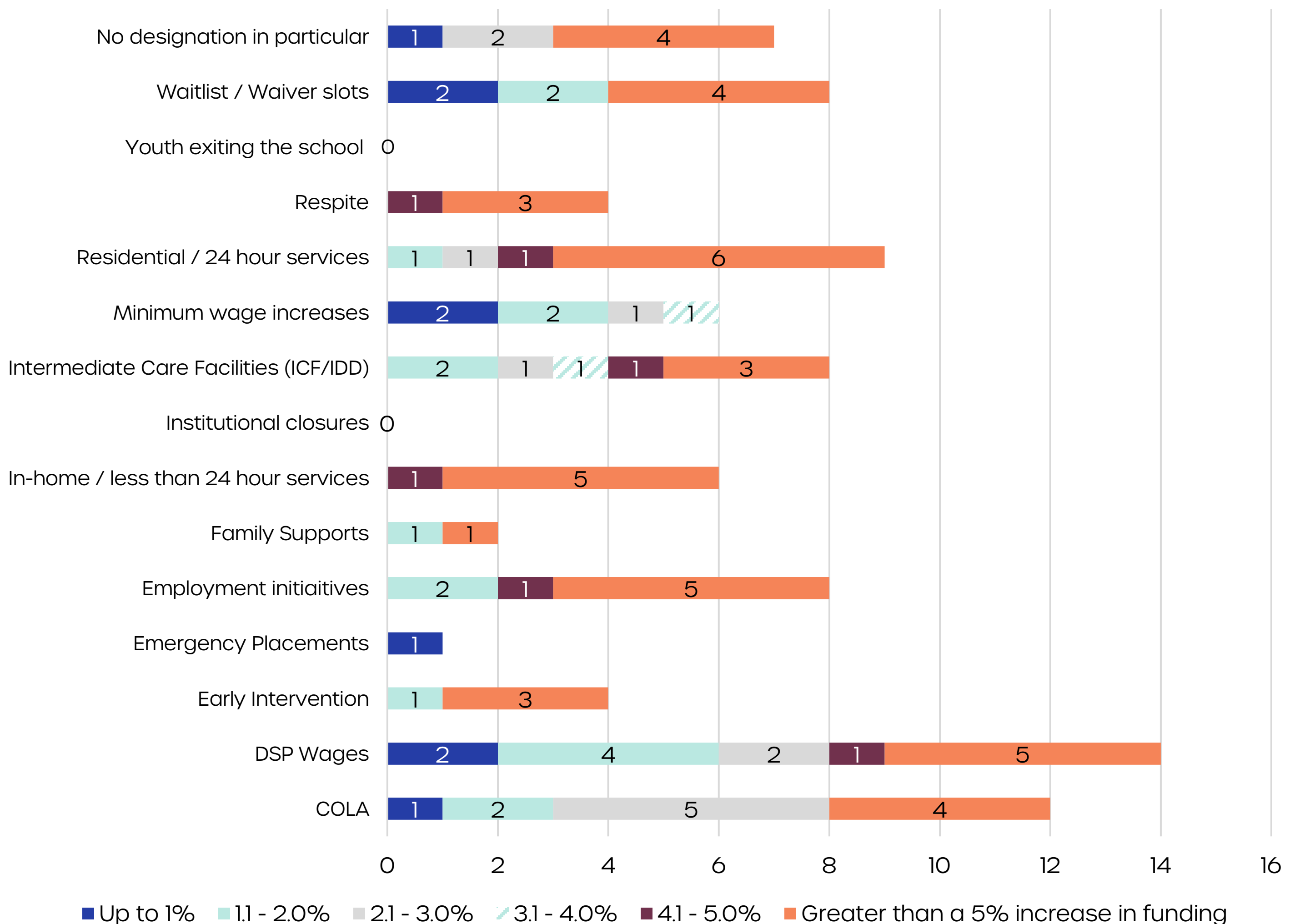


This year's inquiry offered an updated survey tool for 2024. Prior to the rollout of the updated survey, ANCOR met with select members of the Board of Representatives and SAE Forum to seek feedback and recommendations for improving the survey instrument. The resulting questionnaire contained 26 questions and required approximately 20 minutes to complete.

We extend our gratitude to Maghan Bowman (Exceptional Persons, Inc.; Iowa), Kim Champney (Alaska Association on Developmental Disabilities), Richard Edwards (Community Based Care, LLC; North Carolina) and Tony Thomas (Welcome House, Ohio) for their salient recommendations for updates, clarification, and some expansion. Additionally, we appreciate the contributions of ANCOR's Government Relations team, which offered suggestions related to legal, legislative, and regulatory inquiries.

Funding & Appropriations

In the context of states' budget appropriations, increases primarily were aligned with efforts to increase DSP wages, increase Medicaid payment rates, and address waiting lists.



Among the most substantial budget increases, **Florida** implemented a 10% increase to its iBudget Waiver, **Georgia** fully funded a study of its Medicaid payment rates, and **Kentucky** appropriated $94 million to fund recommendations from a rate study. Meanwhile, **South Carolina** implemented a $2 increase to hourly DSP wages and **Texas** passed an 8% increase to hourly wages for group home staff. Additionally, although it has not yet become law, **Pennsylvania** Governor Josh Shapiro proposed a 12% rate increase for providers in his state.

When asked what strategies the providers used to successfully advocate for increased appropriations, respondents cited:

- **Coalition Building and Lobbying**. Several states reported forming broad-based coalitions with other associations, advocacy groups, and stakeholders to present a unified message, lobbying legislators, organizing rallies and legislative visits, and leveraging resources effectively.

- **Economic Impact Studies**. Some states commissioned economic impact studies to demonstrate the benefit of wage increases to the state economy. They then used this data to advocate for funding.

- **Legislative Initiatives**. Several states passed legislation mandating rate studies, tying rate increases to minimum wage adjustments, and advocating for specific service components.

- **Direct Engagement with Legislators**. Members held meetings, invited legislators to tour homes and programs, and facilitated interactions between providers and policymakers.

- **Media and Public Relations Campaigns**. Some states utilized public relations firms to generate media coverage, including newspaper articles, TV coverage, and letters to the editor, regarding the need for expanded resources.

- **Engagement with Managed Care Entities**. Some organizations or associations worked with managed care entities to advocate for increased rates, highlighting the need for state support to facilitate rate adjustments.

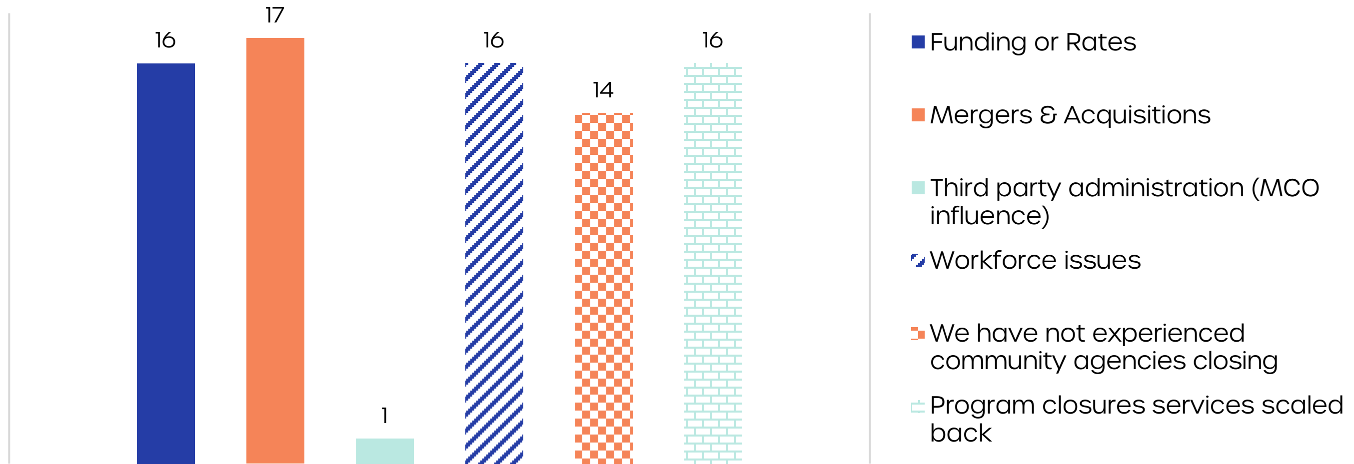
Overall, advocates adopted multifaceted approaches combining advocacy, legislative, and communication strategies to urge solutions that address funding challenges and secure increased support for I/DD services. Legislative successes have been achieved through consistent advocacy, continual lawmaker education, and the ongoing cultivation of legislative champions.

Looking to the future, numerous efforts are underway across states to advocate for increased funding for I/DD services. These efforts include commissioning white papers, obtaining legal consultations, and lobbying legislators. Collaborative approaches involve coalitions, joint messaging, and strategic advocacy campaigns. Strategies range from leveraging the Medicaid consensus processes in one state, utilizing public relations firms, to grassroots lobbying and engaging families and self-advocates.

It is worth noting that several states are exploring innovative funding mechanisms, such as direct billing and technology funds, to address workforce challenges and underfunding within the system. Despite financial constraints and regulatory hurdles, many states remain open to innovative solutions to the DSP workforce crisis, and ongoing advocacy should aim to encourage innovations that help secure adequate funding for I/DD services.

Unfortunately, on the appropriations front, it's not all good news. Two states—**Illinois** and **Nevada**—reported experiencing funding cuts of up to 1%, either as a general reduction in funding or specifically within shared living/host home supports.

Agency & Program Closures



Significant concerns remain regarding agency and/or program closures. On the one hand, the number of states reporting closures due to workforce shortages has fallen. Whereas 25 states reported seeing closures in 2023 (an all-time high), that number ticked downward slightly, to 23 states in 2024.

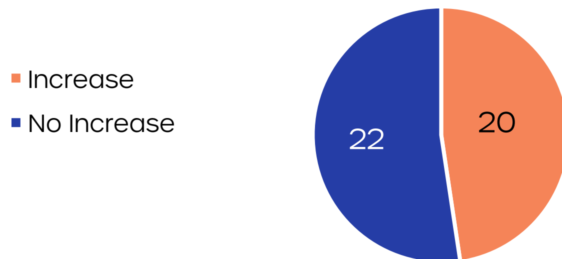
On the other hand, the number of states reporting closures in 2024 was on par with the number of states experiencing closures during the peak of the pandemic. Moreover, 17 of the states reporting agency closures cited mergers and acquisitions as at least one of the underlying causes and Tennessee reported closures related to referral issues with managed care entities. Otherwise, the threat of these closures seems primarily attributable to general funding or rate issues and the longstanding workforce crisis.

These mixed findings spell both cause for hope and the need for continued advocacy. That the majority of states are pursuing increases in funding for DSP wages, coupled with the fact that fewer states are reporting agency or program closures, may suggest that the influx of critically needed funding, including through initiatives like the American Rescue Plan Act (ARPA), is having its intended positive effect. At the same time, serious concerns are warranted regarding the availability of and access to services, especially considering that closures haven't abated to their pre-pandemic levels.

Minimum Wage Increases

Nearly half (48%) of respondents reported that their state minimum wage had increased in the past year. However, among those, only 45% reported that their states had provided funding for providers to meet the new wage standards.

Minimum Wage Increases



Of the 20 states that reported a minimum wage increase, only nine received commensurate funding to support the increase.

The following insights are from states where a minimum wage increase was implemented, and funding was furnished to help providers meet the new standards.

- **California** agencies may submit requests for rate increases to cover the cost for those employees needing to receive raises to the new minimum wage threshold.
- **Colorado** increased the state's minimum wage and funding was provided, but there has been a six-month delay in implementation.
- The **District of Columbia** increased its minimum wage and funds were added to the budget for providers to shoulder the costs.
- **Florida** is increasing its minimum wage by one dollar per year until it reaches $15. Two years ago, the state provided sufficient funding for providers to pay employees at least $15 per hour.
- **Illinois** increased the state minimum wage and funding was appropriated for providers.
- **Montana** increased its minimum wage and funding for providers was furnished.
- When **New Jersey's** governor moved to increase the minimum wage, he provided funding ($42 million) to increase wages by $1.25/hour every year for

five years in order for providers to be able to pay $1.25/hour more than the state's minimum wage. Providers also received an additional $0.50/hour increase, bringing this year's DSP wage $1.75/hour above New Jersey's minimum.

- **New York** authorized a minimum wage increase, and a total of $45.14 million was allocated to providers to help meet the requirement.

Unfortunately, as the insights below reveal, not all states allocated fiscal support to help providers meet increasing minimum wages.

- **Arizona's** Division of Developmental Disabilities aims to help providers adapt to annual minimum wage increases, the funding they can provide has never covered the full amount of these increases.

- **Hawaii** has increased the state's minimum wage, but no funding was included for providers.

- In **Minnesota**, although the minimum wage adjusts annually for inflation, disability service rates don't follow suit. This is especially challenging in areas with local minimum wage requirements that exceed state minimums.

- **Nebraska** implemented a minimum wage increase but providers did not receive commensurate funding to meet the requirement.

- **Nevada** will increase the required minimum wage to $12/hour on July 1, but there has not been funding allocated to help providers meet this requirement.

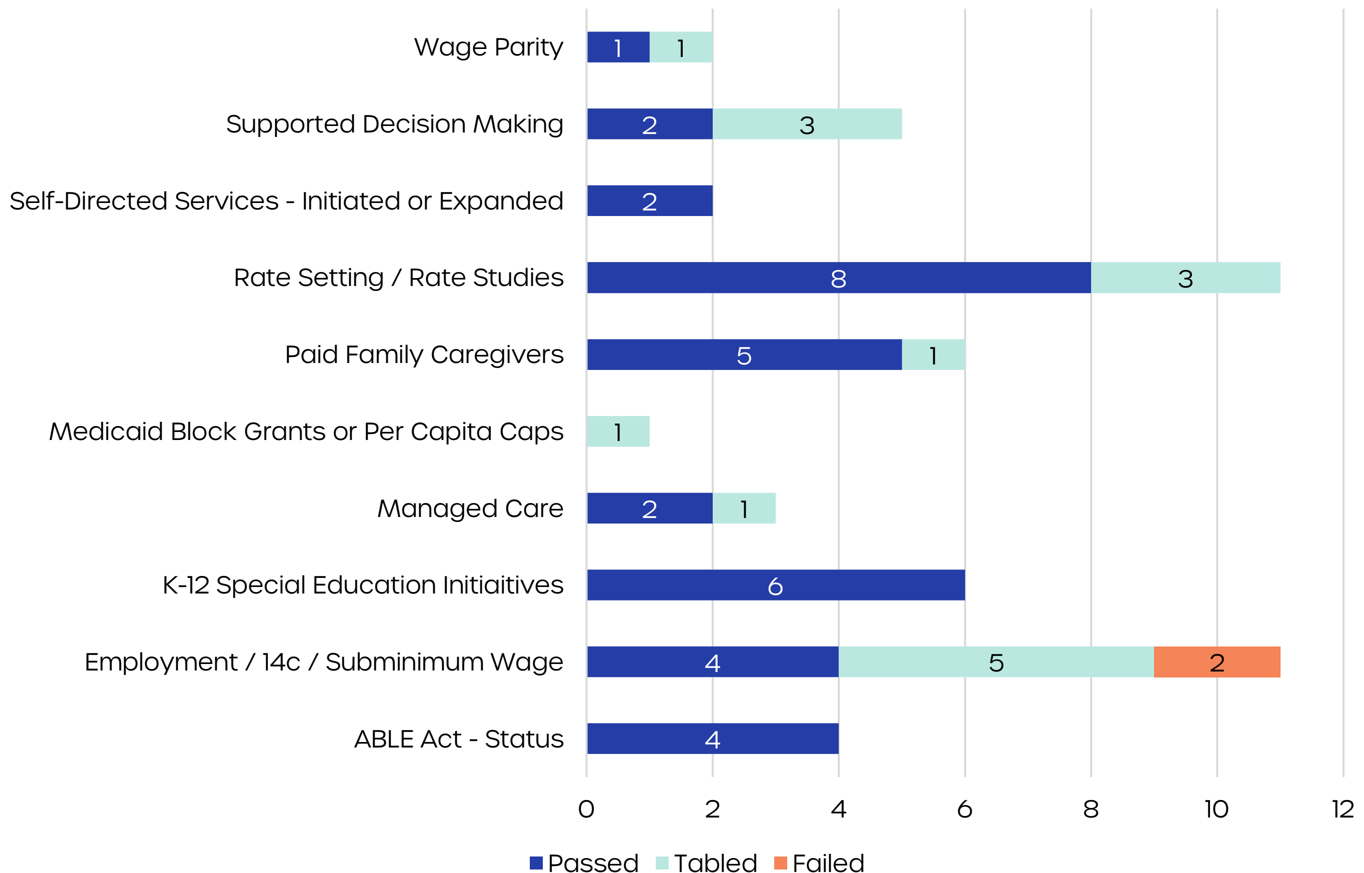
- **Oregon** will have a minimum wage increase, but providers are already funded above the new wage requirement, so no additional funds were allocated.

- **Rhode Island's** minimum wage increased to $14/hour on January 1, but funding specific to this increase was not provided as funded rates already exceed the wage standard.

- **South Dakota's** minimum wage has increased, but providers already receive funding in excess of the requirement.

- **Washington's** rates increased by 2.5%, while the state minimum wage increased by 3.4% due to the mandated cost-of-living adjustment.

Current Status of Other Proposed Legislation



This past year saw much legislative activity on topics related to I/DD services beyond fiscal appropriations.

- In **Arkansas**, a bill to protect 14(c) certificate holders was enacted this past session. Also noteworthy, the state passed the Learns Act, a K-12 education initiative that created individual education accounts to support free school choice, including the option to attend private schools.

- **Arizona** is tracking numerous bills that have some intersection with I/DD services. Some examples include provider credentialing, adult protective services, and special education transition services.

- **California** passed a bill to implement managed care in ICF/IID (Intermediate Care Facilities for Individuals with Intellectual Disabilities) services.

- **Florida** passed a bill calling for a rate study for day services.

- **Arkansas** and **Utah** both passed legislation to affirmatively protect the 14(c) program while **Georgia, Illinois, Kentucky, Minnesota, New York, Ohio, and Oklahoma, either tabled or failed to pass** bills to end the use of 14(c) certificates. Conversely, **Kansas, South Carolina**, and **Washington** were successful in their efforts to end the use of 14(c) certificates.

- In **Nebraska**, lawmakers proposed tax credits for DSPs and family caregivers, as well as an initiative to tie shared living provider rates to the Consumer Price Index.

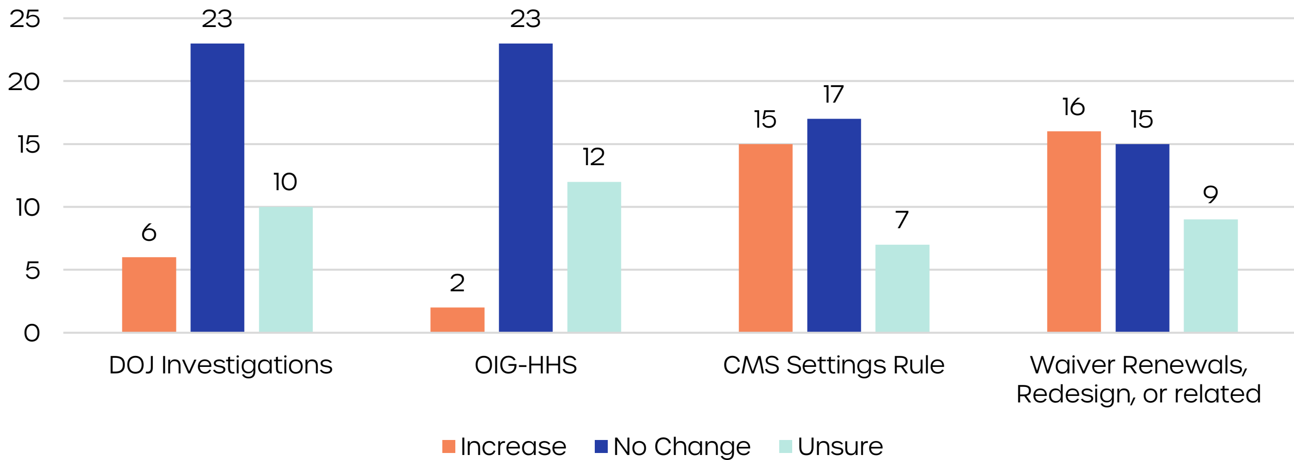
- **New Hampshire** passed legislation to provide state funding for recreation services for people with developmental disabilities and to allow insurance coverage for Applied Behavior Analysis (ABA) services for children with Down Syndrome.

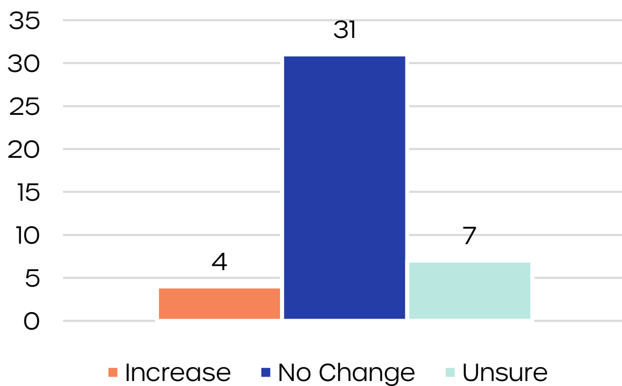
- **New Mexico** passed a bill requiring that rate studies be conducted every two years and that DSP positions be valued in future rate studies at 150% of the state minimum wage. Unfortunately, the provision to fund DSP wages at 150% of the minimum wage was not approved.

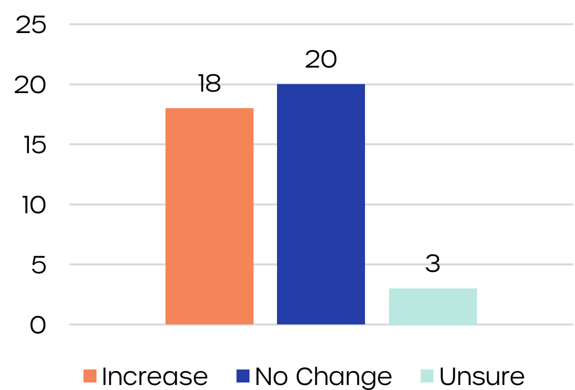
- **South Dakota** sought but failed to pass a bill to enable emergency termination of services in crisis situations.

- The **Texas** legislature did not fund the I/DD managed care pilot that was set to launch in September 2024; as a result, the initiative has been tabled.

State & Federal Oversight Activity





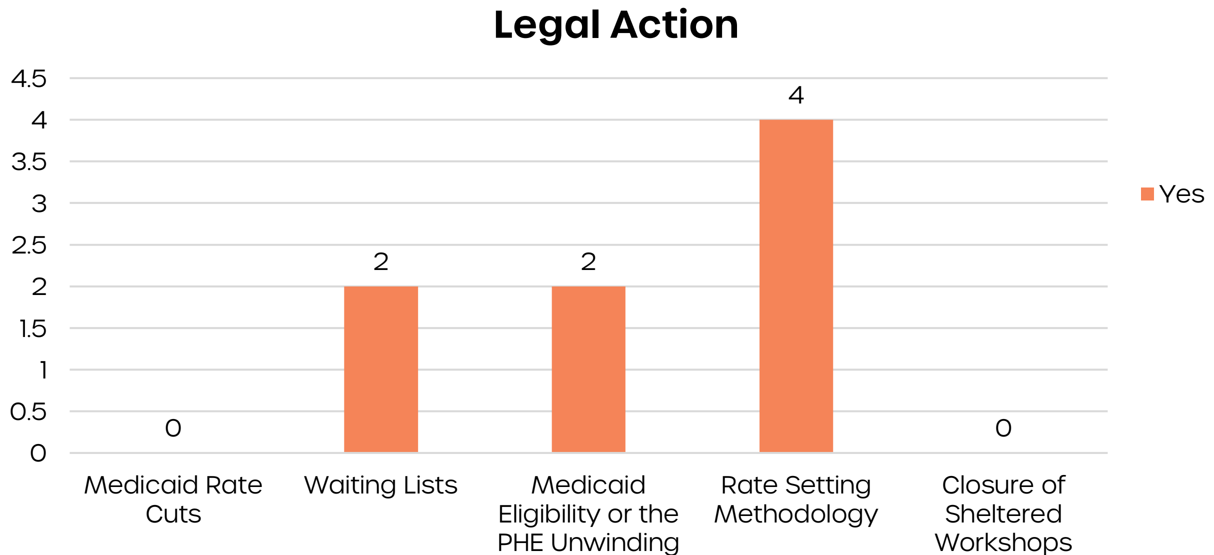


In the area of federal oversight, **Georgia** continues to operate under a Department of Justice settlement agreement, while **Kentucky** has a Corrective Action Plan from the Centers for Medicare & Medicaid Services (CMS) regarding self-directed services.

When it comes to state oversight, increased oversight activities were reported by respondents in 18 states, including Arizona, Arkansas, Colorado, Connecticut, the District of Columbia, Hawaii, Iowa, Kentucky, Louisiana, Maryland, New Hampshire, New Mexico, New York, Ohio, Oregon, South Carolina, Texas and Utah. Among states

that offered additional detail, a substantial portion of this increase in oversight activity can be attributed to compliance with the HCBS Settings Rule.

Legal Action

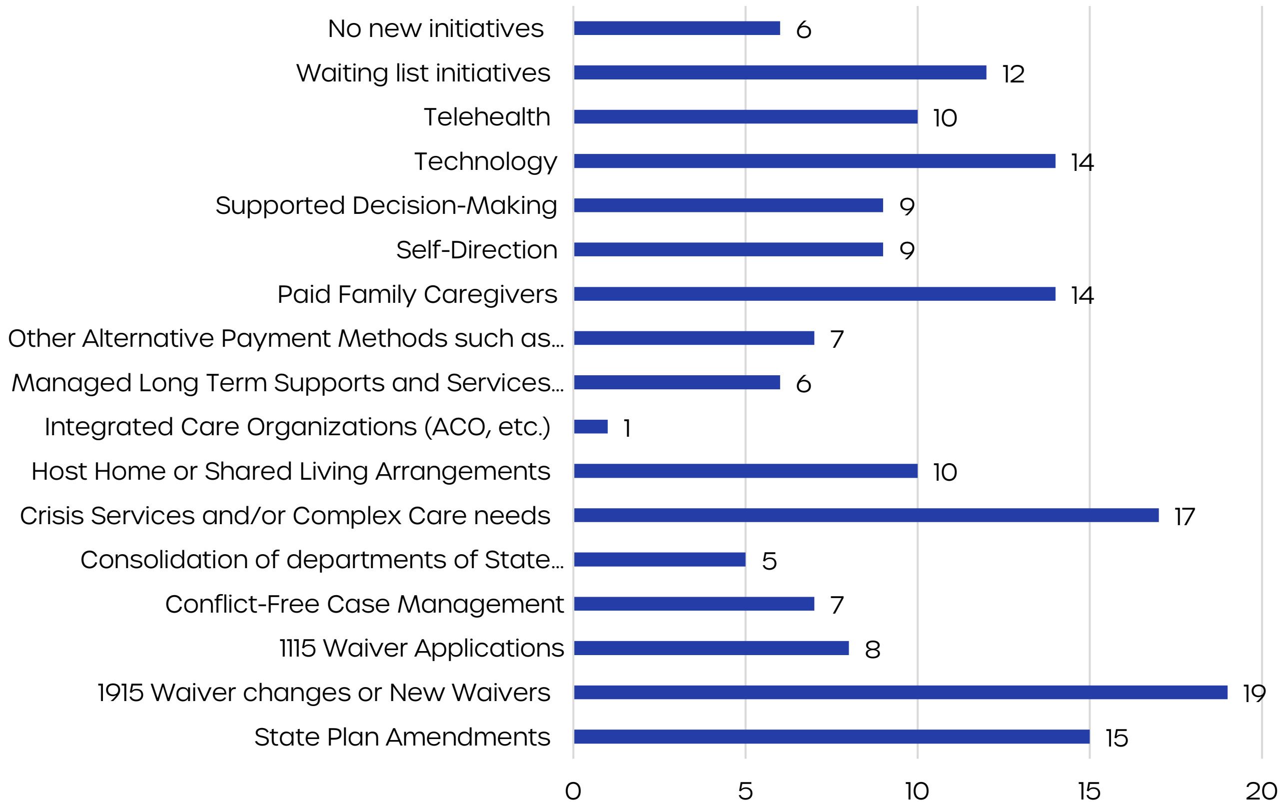


Several litigation efforts are underway regarding eligibility criteria, rate setting, and systems change within I/DD services. These include legal complaints regarding systems change initiatives having a negative impact on eligibility redeterminations in **Colorado**, issues over **Iowa's** waiting list for children's services, and attempts to vacate a consent decree in **Illinois** which had been overseeing and safeguarding access to community services.

Other issues include lawsuits brought forward by people with disabilities for a lack of accessible shared living options in **Maine**, complaints regarding the inappropriate placement of individuals with I/DD in nursing homes in **New Jersey**, and a dispute over staff being misclassified as independent contractors in **New Mexico**. Additional activity surrounds fair hearings regarding allowable expenses in self-direction in **New York** and pending litigation in **Texas** and **New Jersey** related to people with I/DD residing in nursing facilities.

One of the longest-standing cases involves four providers as named plaintiffs in a suit brought 12 years ago regarding the state of **Georgia's** action to apply payment rates at a level below those approved by CMS.

Systems Change Activities



Among the systems change activities specified in the graph above, this year's State Share survey revealed several interesting activities underway across the country.

The two big winners in the systems change category this year are Pennsylvania and South Dakota. **Pennsylvania** has received CMS approval for a 1915(b)(4) waiver enabling the state to implement "selective contracting." This practice, along with performance-based contracting, will undoubtedly see a reduction in the number of eligible providers and will likely usher in provider networks and other consolidations. The other major change is in **South Dakota**, where the state has converted its CHOICES waiver billing and payment from bundled rates to a fee-for-service system.

On the technology front, in **Arkansas**, remaining ARPA funds are being utilized for a technology pilot, potentially including telehealth and virtual care services. Similarly,

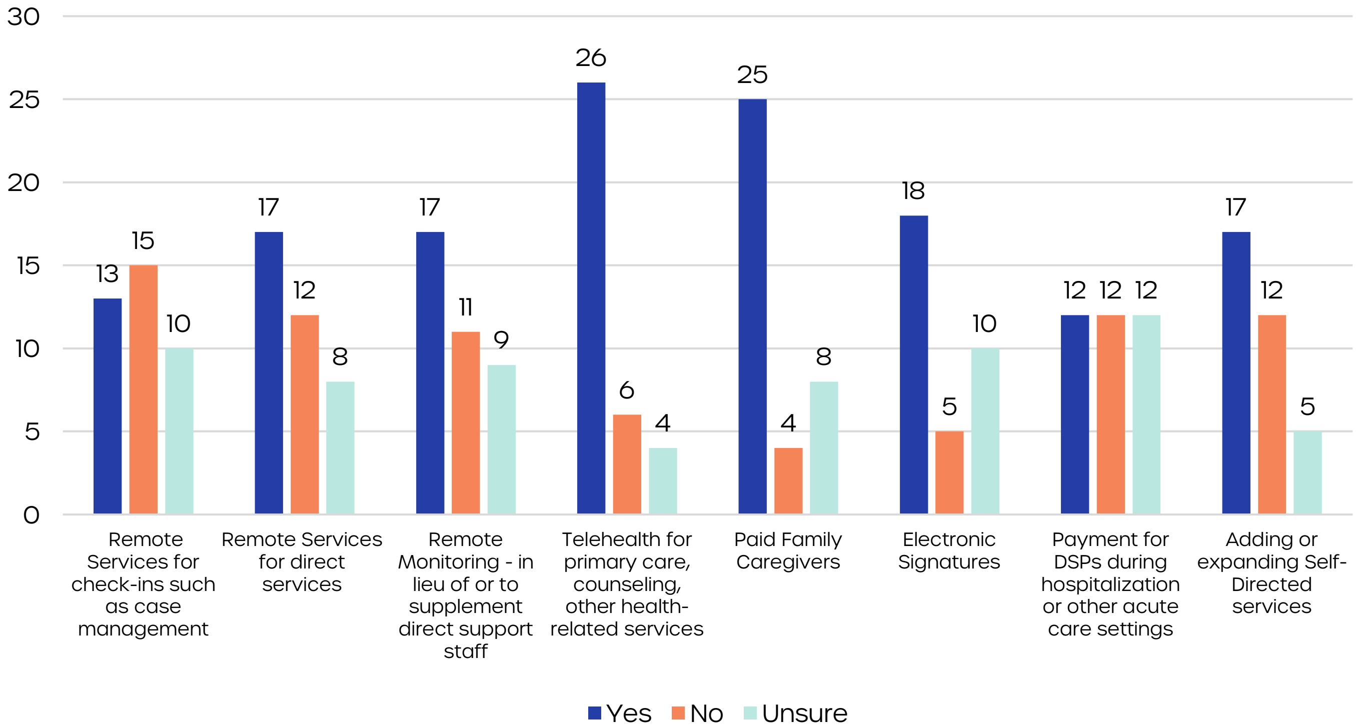
South Carolina signed a telehealth bill into law as the state moves toward becoming a tech-first state. **Arizona** providers are transitioning to a new claims billing system and submitting contracts for services after June 30, 2024.

In terms of structural changes to the system, **Maine** is developing a new "Lifespan Waiver," which will be accessible to people with I/DD aged 14 and up. At this time, it is unclear whether the Lifespan Waiver will take the form of a 1915(c) or 1115 waiver. In **South Dakota**, Agency with Choice providers are leaving the program citing extensive administrative burdens.

Some states are also implementing or considering plans to restructure the government agencies that administer I/DD services. **Minnesota** is separating its Department of Human Services into three separate agencies. Conversely, **New Mexico** is looking to consolidate separate health and human services agencies into one umbrella agency. **South Carolina** is also considering two versions of a state government restructuring.

Finally, on the housing front, **Pennsylvania** is proposing a pilot to embed rental assistance into its supported housing services, while **Rhode Island** is considering charging fair market rent to providers operating in state-owned homes.

Pandemic-Era Regulatory Flexibilities

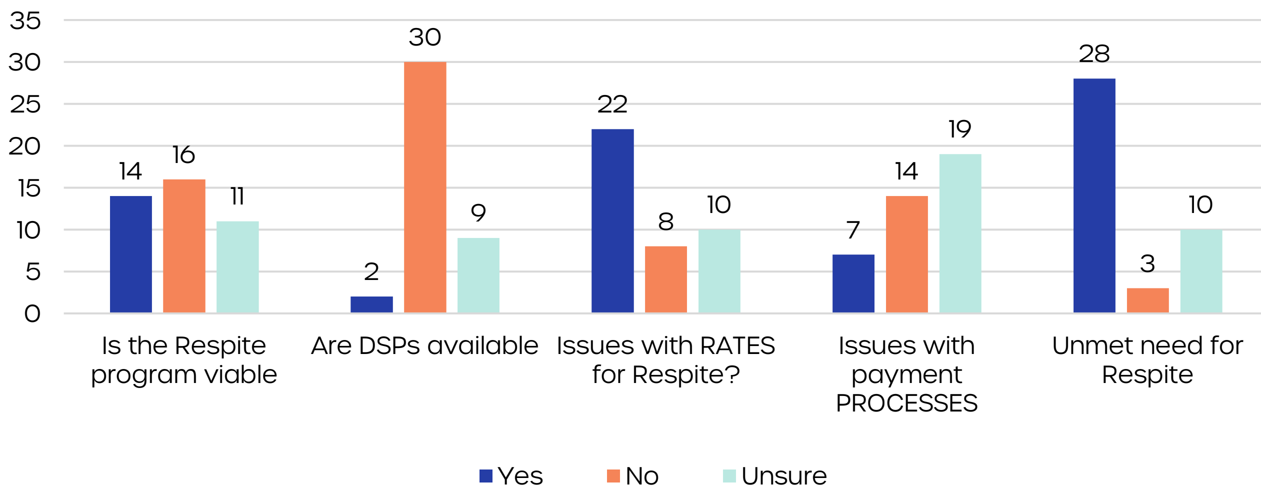


As we work to put the pandemic in the rear-view mirror, we see that many states have adopted temporary regulatory flexibilities and made them permanent. Specifically, telehealth and virtual care services are the most popular flexibility to become permanent, with the ability to pay family caregivers a close second with **Connecticut, Indiana, Missouri, Ohio**, and **Virginia** adding this option. This is a welcome change considering that prior to the pandemic, paying family caregivers and/or those legally responsible for an individual was prohibited in Medicaid-funded services.

Regarding the flexibility to deliver virtual care, several states and the **District of Columbia** had incorporated remote service and telehealth options into their state plans before the pandemic, indicating a pre-existing infrastructure for such services. **Kentucky**, for instance, has had remote-monitored residential options in place for several years—the state is now determining the feasibility of remote services through a series of new pilot projects. Similarly, **Ohio** had a robust technology service prior to the pandemic and saw increased utilization during the pandemic. Other states are moving to test such infrastructure, such as **Maine**, which is in the process of piloting remote services.

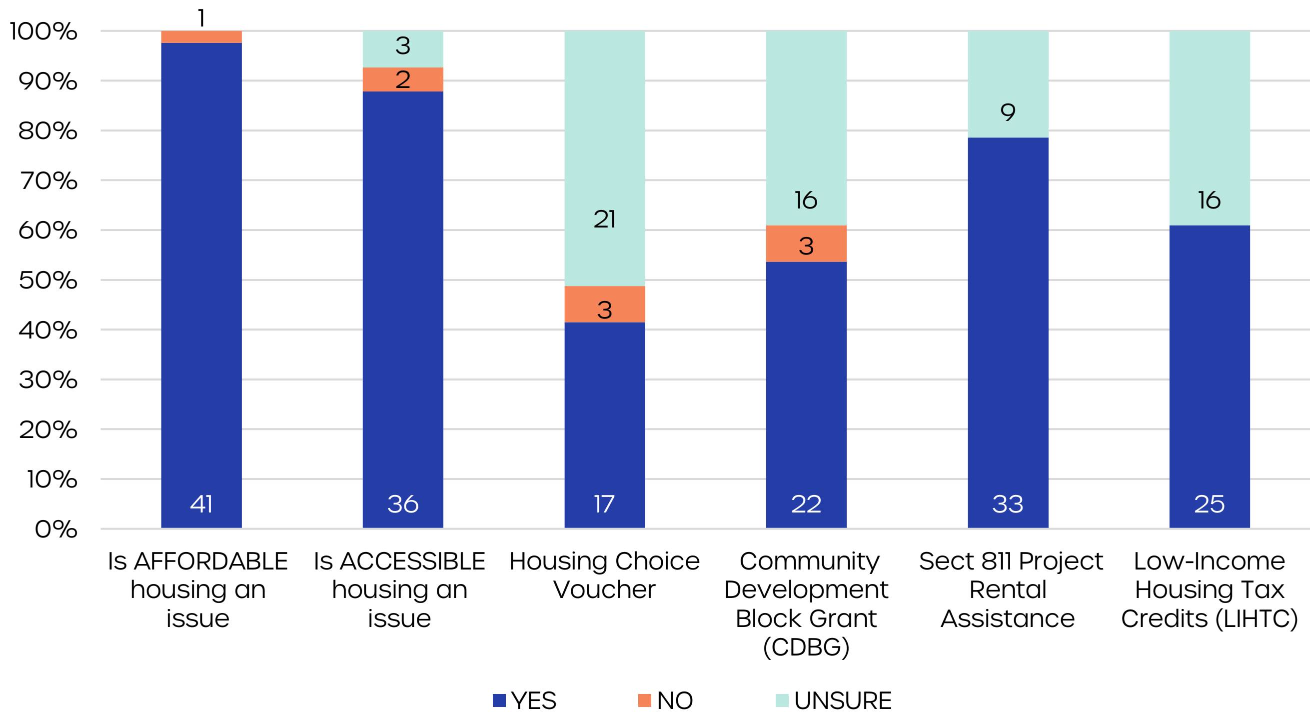
When it comes to flexibility in which services can be billed, several states are weighing options for more permanent regulatory reforms. **Virginia**, for example, continues its advocacy efforts to secure authorization to pay providers for HCBS services provided while an individual is in a temporary acute care setting (such as during hospitalization). In **Texas**, the state is considering whether to continue to pay family caregivers who live in the same home as an individual over the age of 18; for now, this flexibility continues until August 2024.

State-Level Access Issues



Respite care, a crucial service for individuals with developmental disabilities and their families, faces numerous challenges across different states. Despite its flexibility and potential to enhance quality of life, respite care is often underfunded and underutilized.

In **Arizona**, respite is one of the services frequently eliminated by agencies due to inadequate rates, administrative burdens, and lack of workforce. Similar challenges were reported by respondents in **Pennsylvania, South Dakota,** and **Utah**. In **Maryland**, providers have had to discontinue respite services due to inadequate rates and how these services are defined in the state's waiver. **Minnesota** reports that a few years ago the state started requiring that "out of home" respite be provided in licensed settings. Following this change, providers and users of respite services reported greatly reduced access. Across the board, inadequate funding and staffing have had a significant, negative impact on the viability of this service.



When it comes to housing, the majority of respondents identified a lack of affordable and/or accessible housing as a significant challenge for people with I/DD looking to transition out of institutional care.

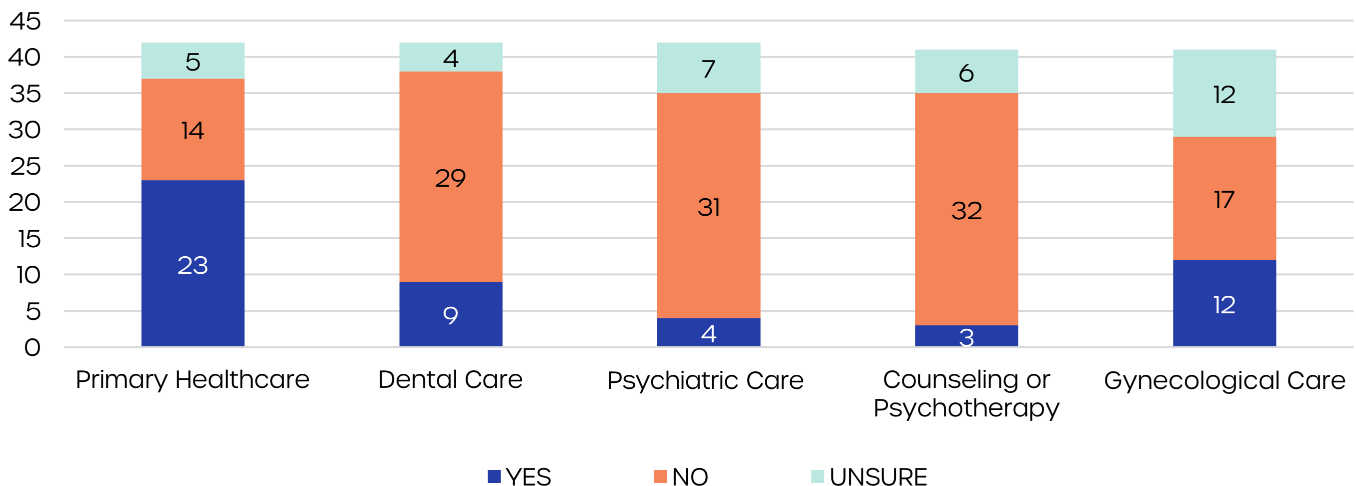
Respondents in **Utah**, for instance, reported that the state has been unwilling to provide subsidies to assist with housing costs and is instead referring people to federal programs that have years-long waiting lists or are closed altogether. Respondents in **South Carolina** report a different issue: being a popular retirement destination has driven up housing costs and created lengthy waiting lists for affordable housing and voucher programs. Meanwhile, **Ohio**, which has a strong network of housing providers, is struggling with the ability of individuals and service providers to navigate the state's housing assistance system. Additionally, many disabled Ohioans are being turned away from rental properties due to poor or non-existent credit histories.

In response to ongoing challenges related to housing for people with disabilities, several states are testing creative solutions. For example, **Pennsylvania's** Office of Developmental Programs has launched a county-based pilot offering rental assistance to individuals wanting to live independently but who cannot afford the

rent. This pilot is being funded by savings resulting from the closure of state centers, though it is unclear how long this funding will last.

Perhaps the leader in housing initiatives this year, however, is **Montana**. The legislature there passed major housing reforms targeting local governments, land-use planning reforms, and increasing housing density requirements. In addition, the legislature passed funding for low-interest loans for affordable housing, loans for homeownership that are repaid using accrued home equity, and funding for infrastructure to help moderate developers' cost of building new housing stock. Despite these investments, the Montana legislature rejected a bill that would have created a state-based low-income housing tax credit (LIHTC) program—something advocates in the state hope to see passed in the future.

Despite some bright spots, obtaining affordable and accessible housing continues to be a significant obstacle, particularly in high-cost-of-living areas, impacting the ability of individuals with I/DD to live independently.



Access to health care for individuals with disabilities and complex medical or behavioral needs is hindered by various factors across the country. Survey responses clustered around three main issues: geographical constraints, lack of available health care providers with training and experience serving people with disabilities, and insufficient Medicaid rates for health care providers.

Many states, including **Louisiana, Montana,** and **South Dakota**, have access issues in their rural communities. This challenge is especially pronounced in **Alaska,** where

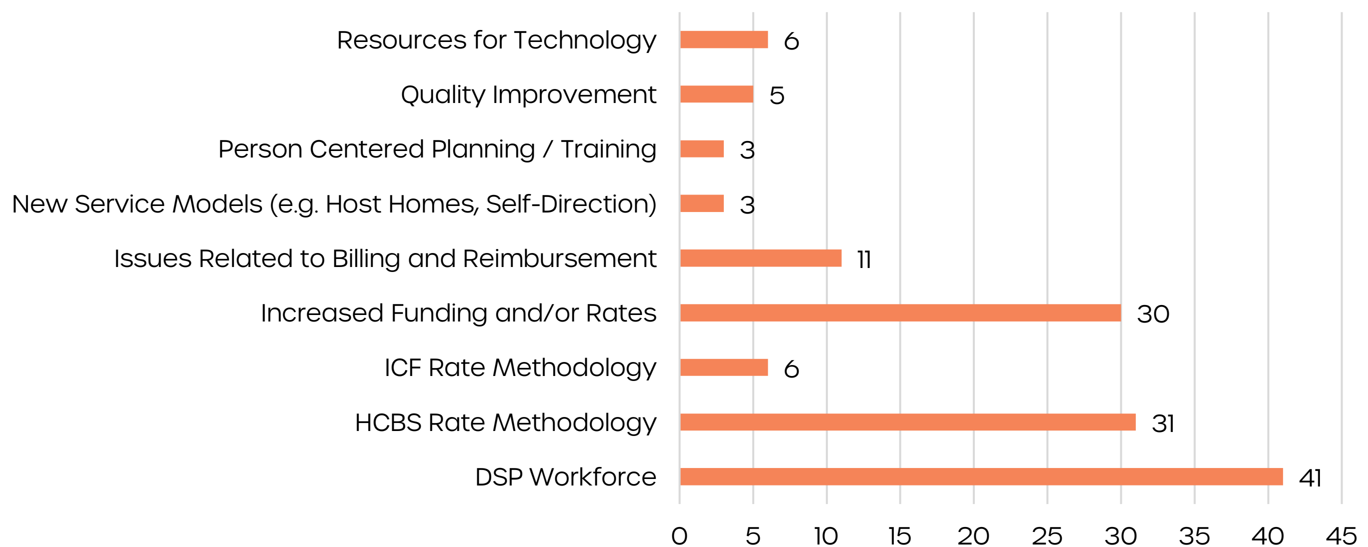
respondents reported a significant difference in access between those who live "on the road system" in places like Anchorage or Fairbanks and those who live "off the road system" in the rest of the state. People living in the state's interior system must travel substantial distances for any care whatsoever.

Several other states, including **Arkansas, Arizona, Iowa,** and **Oregon**, are grappling with a lack of health care providers with specialized training and experience in caring for patients with disabilities. Respondents in these states also reported a strained behavioral health system wherein clinicians are unavailable or disinterested in learning how best to support people with I/DD.

Lastly, Medicaid reimbursement rates and limited acceptance of Medicaid patients further constrain access in a majority of states; these challenges were specifically cited by respondents in **Colorado, Montana, South Carolina,** and **Texas**.

Overall, workforce shortages, geographic constraints and transportation barriers, and reimbursement rates contribute to disparities in access to health care for disabled people across the country.

Top Priorities for the Coming Year



There is widespread agreement among I/DD service providers regarding the urgent need for rate reform. Currently, in **Alaska**, the flat-rate payment system for group homes fails to account for individual support needs, highlighting the necessity for a

tiered payment system that recognizes the level of care required. **Georgia** is struggling with a new rate model wherein the DSP wage rate is not adequate. In **Montana**, an updated rate study resulted in an increase in rates, but there is a need for ongoing rate studies, cost reporting, and analysis to build and maintain a workforce that is qualified to provide quality care. And **Arkansas** reports that rate increases are needed in four major service areas: waiver services, adult day habilitation, early intervention, and ICF/IID.

There is also a call for reducing unfunded mandates and red tape to alleviate administrative burdens and enhance person-centered services in **Kentucky** and **Oregon**, and a shift from compliance-based oversight to outcomes-based quality monitoring is needed in **New York**. Additionally, **South Dakota** reports issues with crisis services, and the state's interpretation of CMS requirements related to the HCBS Settings Rule remains unresolved.

Overall, addressing rate reform is paramount to ensuring the delivery of high-quality I/DD services while promoting person-centered care, improving wages for DSPs, and reducing administrative burdens. And of course, workforce issues extend beyond DSPs; providers also report shortages in nursing and clinical staff, highlighting the broader challenges within the sector.

Strategies for Addressing Key Challenges

Where the 2024 State Share survey finds reasons to be hopeful is in the strategies that are being developed to address system-wide challenges. Notable initiatives are highlighted in the list below.

- **Alaska** has developed, in partnership with the state and community stakeholders, a five-year roadmap aimed at addressing key issues within the I/DD services system. The roadmap is guided by a shared vision statement and focuses on rate reform, resource allocation tools, and DSP certification.

- **Arkansas** is drafting legislation to address current inadequacies in Medicaid payment rates.

- **Arizona, Maryland,** and **New Hampshire** are implementing new billing systems. In New Hampshire, there have been dire implications, with providers going months with little to no revenue.

- **Colorado** successfully advocated for $27 million in case management stabilization funding and had eligibility redeterminations paused pending the implementation of the revised case management system.

- **Illinois, Ohio, Massachusetts,** and **Rhode Island** have had success in driving their priorities forward through coalition-building. **Texas** providers have formed a coalition and are working to better educate state regulators and legislators about the significant challenges involving the workforce crisis and insufficient rates in I/DD services.

- **Louisiana** providers have received a commitment from the state's Department of Health to develop new rate methodologies for HCBS and ICF/IID programs.

- **Alaska** and **Maryland** are using grant funding to implement DSP career ladder and/or staff accreditation processes, while **Maine** is focusing on retention through leadership development and quality assurance. Maine is also exploring a project to promote supervisor and management training for DSPs.

- **Minnesota** brought forward a robust legislative agenda featuring nine bills seeking to make changes to existing workforce requirements.

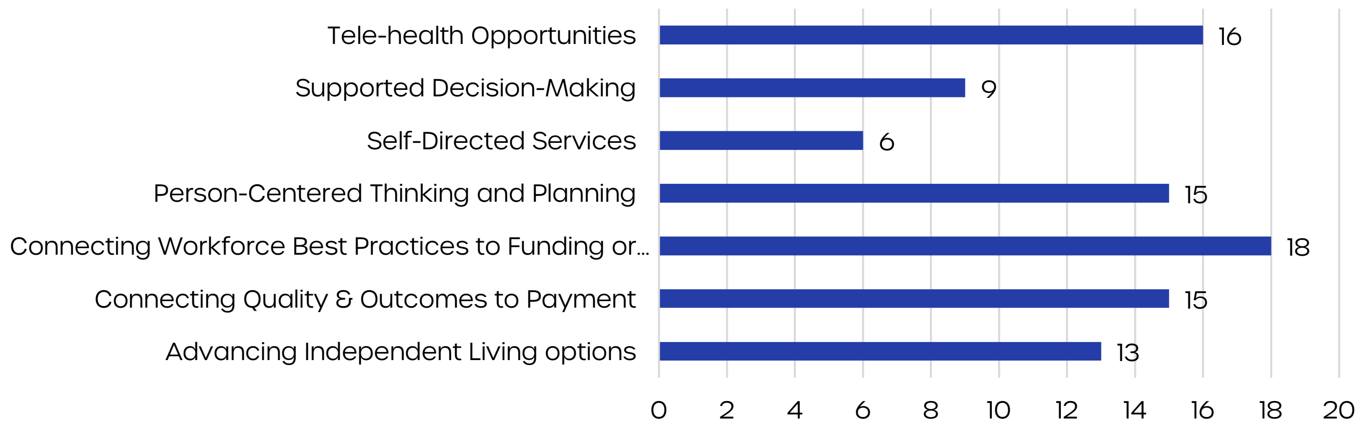
- **New Jersey** has developed a "DSP Career Development Program" in which recruits receive a $5,000 stipend. Participants receive training and certification and are then placed with an agency and paired with a mentor. For those DSPs already working in the field, this program enables them to pursue training or a college degree at no cost.

- Advocates in **Oregon** have convened listening sessions that bring together providers and state administrators. This has led to a notable improvement in the relationship between the state and providers.

- **Rhode Island** has adopted a strategic work initiative in partnership with the state provider association, state administrators, and the University of Minnesota's Institute on Community Integration, which has launched a training for frontline supervisors that highlights the necessary competencies to help bolster retention in that segment of the workforce.

- **South Carolina** providers are working with state officials to ensure annual review of rates and to implement an annualized COLA.

Exciting Initiatives



The annual State Share survey concludes by asking respondents to identify what upcoming initiatives are leaving them feeling most excited. Below are highlights from the responses to this question.

- In **Arkansas**, managed care entities have long discussed implementing value-based reimbursement methodologies but currently there is not a consistent approach. Respondents in Arkansas look forward to seeing these alternative payment models move forward, ideally with the inclusion of quality outcomes that pay for the delivery of value.

- Respondents in **Colorado** are looking forward to piloting outcome-based payments in employment support programs.

- **Florida** and **Ohio** are anticipating initiatives to help improve day services, including through a rate study and an examination of quality measures.

- **Georgia** notes its excitement about forthcoming outcomes from three active credentialing pilots that are made possible through the support of ARPA funds.

- **Iowa, Maine, New York,** and **South Dakota** are anticipating the introduction or expansion of remote supports and are excited about the prospects of using technology to support greater independence.

- **New Hampshire** is excited about efforts to expand housing options, increase system capacity for services that support people with dual diagnoses, and enhance person-centered thinking and planning.

Conclusion

As we consider the array of issues facing services providers across the country, a few clear themes emerge. These themes point to ongoing and significant challenges, but also to innovative solutions and reasons for optimism.

Evident in this year's findings is a strong emphasis on leveraging technology to enhance the quality of services or individuals' independence when access to services is limited. The technology theme covers a broad array of tech-enabled activities, such as remote monitoring to support and supplement hands-on staffing, access to 24-hour health care resources and intervention, and smart home technology, all of which help people with disabilities experience greater independence and community life.

Another clear theme is the expansion of person-centered thinking and supported decision-making, both of which are top-of-mind for providers. These approaches will shape how services are delivered in the future by ensuring that individual preferences and needs are at the center of service design.

Unfortunately, we cannot identify person-centered planning as a key theme without acknowledging a more pervasive theme: the need for access to crisis and complex care services for people with substantial or complex support needs. This type of support is lacking in just about every state, in part due to our system's ongoing recruitment and retention crises, and every state has significant room to do better in the quest to create resources that meet people with the most complex needs where they are.

Finally, underlying the ability of providers and advocates to continually improve the I/DD services system in their states is the extent to which states—in partnership with the federal government—take seriously the need to address the long-standing workforce crisis. This crisis is at the core of nearly every provider's daily worries.

Fortunately, this year's State Share reveals several creative pilots and initiatives around the country that seek to stem the tide of high turnover and vacancy rates and position our profession as one that offers desirable careers at a living wage. While we are still some distance from reaching that goal, we find many states testing new ideas and looking for ways to balance the need for direct service with other, less-intensive service models.

No matter what state you're in, the community of disability service providers there is focused on adapting to meet evolving needs while advocating for sustainable funding and improved service quality. ANCOR is humbled by the opportunity to support these efforts at a national level.