

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



State Demonstrations Group

April 18, 2023

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

Dear Ms. Azar:

The Centers for Medicare & Medicaid Services (CMS) completed its review of the Serious Mental Illness (SMI) Monitoring Protocol, which is required by the Special Terms and Conditions (STC), specifically, STC #28, of Alabama's section 1115 demonstration, "Institutions for Mental Disease Waiver for Serious Mental Illness" (Project No: 11-W-00371/4), effective through May 19, 2027. CMS determined that the Monitoring Protocol, which was submitted on October 17, 2022 and revised on March 1, 2023, meets the requirements set forth in the STCs, and thereby approves the state's SMI Monitoring Protocol.

The Monitoring Protocol is approved for the demonstration period through May 19, 2027 and is hereby incorporated into the demonstration STCs as Attachment D (see attached). In accordance with STC #45 (Public Access), the approved SMI Monitoring Protocol may now be posted to your state's Medicaid website.

We look forward to our continued partnership on the Alabama Institutions for Mental Disease Waiver for Serious Mental Illness section 1115 demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

Danielle Daly -S
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Daly -S
Date: 2023.04.18 08:50:48
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Danielle Daly
Director
Division of Demonstration Monitoring and Evaluation

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

Medicaid Section 1115 SMI/SED Demonstrations Monitoring Protocol (Part A) - SMI/SED definitions (Version 3.0)

State: Alabama
 Demonstration Name: "Institutions for Mental Disease Waiver for Serious Mental Illness" (Project Number 11-W-00371/4)

Table: Serious Mental Illness and Serious Emotional Disturbance Definitions

Narrative description of the SMI/SED demonstration population		
<i>Alabama Medicaid enrollees eligible for a mandatory or optional eligibility group approved for full Medicaid coverage, between the ages of 21-64, will be eligible for acute inpatient stays in an IMD under the demonstration</i>		
Narrative description of how the state defines the population for purposes of monitoring (including age range, diagnosis groups, and associated service use requirements)	Serious Mental Illness (SMI)	
	<i>At least one acute inpatient claim from a participating facility for a recipient with a recognized SMI diagnosis.</i>	<i>See SMI example for format and required information</i>
Codes used to identify population^b		
<i>States may use ICD-10 diagnosis codes or state-specific treatment, diagnosis, or other types of codes to identify the population. When applicable, states should supplement ICD-10 codes with state-specific codes.</i>	<i>The state will be utilizing the revenue code 124 for inpatient claims associated with this waiver. Revenue code 124 was created solely for the purpose of the SMI Waiver Demonstration. Quality measures will be examined retrospectively utilizing the revenue code that was assigned to this project, which will identify all SMI participants..</i>	<i>See SMI example for format and required information</i>
Procedure (e.g., CPT, HCPCS) or revenue codes used to identify/define service requirements^b		
<i>If the state is not using procedure or revenue codes, the state should include the data source(s) (e.g., state-specific codes) used to identify/define service requirements.</i>	<i>Revenue code 124</i>	<i>See SMI example for format and required information</i>

Serious Mental Illness (SMI)

^aThe examples are based on a definition of SMI from the National Committee for Quality Assurance (NCQA). The examples provided are intended to be illustrative only. The example codes provided are not comprehensive.

^bStates may choose to include codes as separate tabs in this workbook.

Medicaid Section 1115 SMI/SED Demonstrations Monitoring Protocol (Part A) - Planned subpopulations (Version 3.0)

State: Alabama
 Demonstration Name: "Institutions for Mental Disease Waiver for Serious Mental Illness" (Project Number 11-W-003714)

Table: Serious Mental Illness and Serious Emotional Disturbance Planned Subpopulations

Planned subpopulation reporting				Alignment with CMS-provided technical specifications manual					
Subpopulation category	Subpopulations	Reporting priority	Relevant metrics	Subpopulation type	State will report (Y/N)	Attest that planned subpopulation reporting within each category matches the description in the CMS-provided technical specifications manual (Y/N)		Relevant metrics	
						EXAMPLE: Children/Young adults (ages 12-20), Adults (ages 21-65)	EXAMPLE: Children/Young adults (ages 12-20), Adults (ages 21-65)	EXAMPLE: 11, 12, 13, 14	EXAMPLE: 11, 12, 13, 14
Age group	EXAMPLE: Children (Age < 16), Transition-age youth (Age 16-24), Adults (Age 25-64), Older adults (Age 65+)	Required	EXAMPLE: Metrics #11, 12, 13, 14, 15, 16, 17, 18, 21, 22	CMS-provided	Y	N	EXAMPLE: Children/Young adults (ages 12-20), Adults (ages 21-65)	N	EXAMPLE: 11, 12, 13, 14
Standardized definition of SMI ^a	Individuals who meet the standardized definition of SMI	Required	Metrics #13, 14, 15, 16, 17, 18, 21, 22	CMS-provided	Y	Y	Adults (ages 21-64)	Y	
State-specific definition of SMI	Enrollees eligible for a mandatory or optional eligibility group approved for full Medicaid coverage between the Children (Age-16), Transition-age youth (Age 16-24), Adults (Age 25-64), Older adults (Age 65+)	Required	Metrics #13, 14, 15, 16, 17, 18, 21, 22	State-specific	Y	Y	Adults (ages 21-64)	Y	
Age group	Children (Age-16), Transition-age youth (Age 16-24), Adults (Age 25-64), Older adults (Age 65+)	Required	Metrics #11, 12, 13, 14, 15, 16, 17, 18, 21, 22	CMS-provided	Y	Y	Adults (ages 21-64)	Y	
Dual-eligible status	Dual-eligible (Medicare-Medicaid eligible), Medicaid only	Required	Metrics #13, 14, 15, 16, 17, 18, 21, 22	CMS-provided	Y	Y	Adults (ages 21-64)	Y	
Disability	Eligible for Medicaid on the basis of disability, Not eligible for Medicaid on the basis of disability	Recommended	Metrics #13, 14, 15, 16, 17, 18, 21, 22	CMS-provided	N		The state is reporting on metrics approved by CMS for the purpose of the SMI demonstration.		
Criminal justice status	Criminally involved, Not criminally involved	Recommended	Metrics #13, 14, 15, 16, 17, 18, 21, 22	CMS-provided	N		The state is reporting on metrics approved by CMS for the purpose of the SMI demonstration.		
Co-occurring SUD	Individuals with co-occurring SUD	Recommended	Metrics #13, 14, 15, 16, 17, 18, 21, 22	CMS-provided	N		The state is reporting on metrics approved by CMS for the purpose of the SMI demonstration.		
Co-occurring physical health conditions	Individuals with co-occurring physical health conditions	Recommended	Metrics #13, 14, 15, 16, 17, 18, 21, 22	CMS-provided	N		The state is reporting on metrics approved by CMS for the purpose of the SMI demonstration.		
State-specific subpopulations									
[Insert row(s) for any state-specific subpopulations)]									

^a If the state is not reporting a required subpopulation category (i.e., column F = "N"), enter explanation in corresponding row in column H.
^b If the state is reporting on the Dual-eligible status subpopulation category, the state should use column H to outline its subpopulation identification approach as explained in Version 4.0 of the Medicaid Section 1115 Serious Mental Illness and Serious Emotional Disturbance Demonstrations Monitoring Protocol Instructions.
^c If the state is planning to phase in the reporting of any of the subpopulation categories, the state should (1) select N in column G and (2) provide an explanation and the report (SMI/SED DY and Q) in which it will begin reporting the subpopulation category in column H.
^d "Standardized definition of SMI" and "State-specific definition of SMI" are included within the list of subpopulation categories because the state should report on these populations separately from the "Demonstration reporting" calculation for certain metrics. The state should reference Version 4.0 of the Medicaid Section 1115 Serious Mental Illness and Serious Emotional Disturbance Demonstrations: Technical Specifications for Monitoring Metrics for detailed descriptions on calculating metrics according to the standardized and state-specific definitions of SMI.
^e Any state that claims federal financial participation (FFP) for services provided in Qualified Residential Treatment Programs (QRTPs) that are IMDs should add QRTPs that are IMDs as a state-specific subpopulation in row 19. Specifically, the state should note "QRTPs that are IMDs" in column A, "Individuals treated within QRTPs that are IMDs" in column B, and "Metrics #19a and 19b" in column D.

Instructions:

- (1) In the reporting periods input table (Table 1), use the prompt in column A to enter the requested information in the corresponding row of column B. All monitoring report names and reporting periods should use the format DY#Q# or CY# and all dates should use the format MM/DD/YYYY with no spaces in the cell. The information entered in these cells will auto-populate the SM/SED demonstration reporting schedule in Table 2. All cells in the input table must be completed in entirety for the standard reporting schedule to be accurately auto-populated.
- (2) Review the state's reporting schedule in the SM/SED demonstration reporting schedule table (Table 2). For each of the reporting categories listed in column F, select Y or N in column H. "Deviations from standard reporting schedule (Y/N)" to indicate whether the state plans to report according to the standard reporting schedule. If a state's planned reporting does not match the standard reporting schedule for any quarter and/or reporting category (i.e. column H="Y"), the state should describe these deviations in column I, "Explanation for deviations (if column H="Y")" and use column J, "Proposed deviation in measurement period from standard reporting schedule in column G," to indicate the SM/SED measurement periods with which it wishes to overwrite the standard schedule (column G). All other columns are locked for editing and should not be altered by the state.

Table 1. Serious Mental Illness and Serious Emotional Disturbance Reporting Periods Input Table

	Demonstration reporting periods/dates
Dates of first SM/SED demonstration year:	
Start date	03/20/2022
End date	05/19/2023
Dates of first quarter of the baseline period for CMS-constructed metrics: (SM/SED DY and Q)	
(Format DY#Q#; e.g., DY1Q1)	DY1Q1
Start date	06/01/2022
End date	08/31/2022
Broader section 1115 demonstration reporting period corresponding with the first SM/SED reporting quarter, if applicable. If there is no broader demonstration, fill in the first SM/SED reporting period.	DY1Q1
(Format DY#Q#; e.g., DY1Q1)	
First SM/SED monitoring report due date (per STCs) (MM/DD/YYYY)	10/31/2022
First SM/SED monitoring report in which the state plans to report annual metrics that are established quality measures (EQMs):	
EQMs (Format CY#; e.g., SM/SED DY and Q associated with monitoring report) (Format DY#Q#; e.g., DY1Q1)	CY2022
SM/SED DY and Q start date	DY2Q1
SM/SED DY and Q end date	06/01/2023
SM/SED DY and Q end date	08/31/2023
Dates of last SM/SED reporting quarter:	
Start date	03/01/2027
End date	05/31/2027

Table 2. Serious Mental Illness and Serious Emotional Disturbance Demonstration Reporting Schedule

SM/SED reporting quarter start date (MM/DD/YYYY)	SM/SED reporting quarter end date (MM/DD/YYYY)	Monitoring report due (per STCs) (MM/DD/YYYY)	Broader section 1115 reporting period, if applicable; else SM/SED reporting period (Format DY#Q#; e.g., DY1Q3)	SM/SED reporting period (Format DY#Q#; e.g., DY1Q3)	Reporting category	For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY#Q#; e.g., DY1Q3) ^a	Deviation from standard reporting schedule (Y/N)	Explanation for deviations (if column H="Y")	Proposed deviation in measurement period from standard reporting schedule in column G (Format DY#Q#; e.g., DY1Q3)
06/01/2022	08/31/2022	10/31/2022	DY1Q1	DY1Q1	Narrative information	DY1Q1	N	N	
					Grievances and appeals	DY1Q1	N	N	
					Other monthly and quarterly metrics		N	N	
					Annual availability assessment		N	N	
					Annual metrics that are established quality measures		N	N	
					Other annual metrics		N	N	
					09/01/2022	11/30/2022	01/29/2023	DY1Q2	DY1Q2
					Grievances and appeals	DY1Q2	N	N	
					Other monthly and quarterly metrics	DY1Q1	N	N	
					Annual availability assessment		N	N	
					Annual metrics that are established quality measures		N	N	
					Other annual metrics		N	N	
12/01/2022	02/28/2023	04/29/2023	DY1Q3	DY1Q3	Narrative information	DY1Q3	N	N	
					Grievances and appeals	DY1Q3	N	N	
					Other monthly and quarterly metrics	DY1Q2	N	N	
					Annual availability assessment		N	N	
					Annual metrics that are established quality measures		N	N	
					Other annual metrics		N	N	
					03/01/2023	05/31/2023	08/29/2023	DY1Q4	DY1Q4
Grievances and appeals	DY1Q4	N	N						
Other monthly and quarterly metrics	DY1Q3	N	N						
Annual availability assessment	AA1	N	N						
Annual metrics that are established quality measures		N	N						
Other annual metrics		N	N						
06/01/2023	08/31/2023	10/30/2023	DY2Q1	DY2Q1					
					Grievances and appeals	DY2Q1	N	N	
					Other monthly and quarterly metrics	DY1Q4	N	N	
					Annual availability assessment		N	N	
					Annual metrics that are established quality measures		N	N	
					Other annual metrics	CY2022	N	N	
					09/01/2023	11/30/2023	01/29/2024	DY2Q2	DY2Q2
Grievances and appeals	DY2Q2	N	N						
Other monthly and quarterly metrics	DY2Q2	N	N						
Annual availability assessment	DY2Q1	N	N						
Annual metrics that are established quality measures		N	N						
		N	N						

Table 2. Serious Mental Illness and Serious Emotional Disturbance Demonstration Reporting Schedule

SMISED reporting quarter start date (MM/DD/YYYY)	SMISED reporting quarter end date (MM/DD/YYYY)	Monitoring report due (per SYC) (MM/DD/YYYY)	Broader section 1115 reporting period, if applicable else SMISED reporting period (Format DY#Q#; e.g., DY1Q3)	SMISED reporting period (Format DY#Q#; e.g., DY1Q3)	Reporting category	For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY#Q#; e.g., DY1Q3) SMISED	Deviation from standard reporting schedule (Y/N)	Explanation for deviations (if column H="Y")	Proposed deviation in measurement period from standard reporting schedule in column G (Format DY#Q#; e.g., DY1Q3)
12/01/2023	02/29/2024	04/29/2024	DY2Q3	DY2Q3	Other annual metrics		N	N	
					Narrative information	DY2Q3	N	N	
					Grievances and appeals	DY2Q3	N	N	
					Other monthly and quarterly metrics	DY2Q2	N	N	
					Annual availability assessment		N	N	
					Annual metrics that are established quality measures		N	N	
					Other annual metrics		N	N	
03/01/2024	05/31/2024	08/29/2024	DY2Q4	DY2Q4	Narrative information	DY2Q4	N	N	
					Grievances and appeals	DY2Q4	N	N	
					Other monthly and quarterly metrics	DY2Q3	N	N	
					Annual availability assessment	AA2	N	N	
					Annual metrics that are established quality measures		N	N	
					Other annual metrics		N	N	
					Other annual metrics		N	N	
06/01/2024	08/31/2024	10/30/2024	DY3Q1	DY3Q1	Narrative information	DY3Q1	N	N	
					Grievances and appeals	DY3Q1	N	N	
					Other monthly and quarterly metrics	DY3Q4	N	N	
					Annual availability assessment		N	N	
					Annual metrics that are established quality measures	CY2023	N	N	
					Other annual metrics	DY2	N	N	
					Other annual metrics		N	N	
09/01/2024	11/30/2024	01/29/2025	DY3Q2	DY3Q2	Narrative information	DY3Q2	N	N	
					Grievances and appeals	DY3Q2	N	N	
					Other monthly and quarterly metrics	DY3Q1	N	N	
					Annual availability assessment		N	N	
					Annual metrics that are established quality measures		N	N	
					Other annual metrics		N	N	
					Other annual metrics		N	N	
12/01/2024	02/28/2025	04/29/2025	DY3Q3	DY3Q3	Narrative information	DY3Q3	N	N	
					Grievances and appeals	DY3Q3	N	N	
					Other monthly and quarterly metrics	DY3Q2	N	N	
					Annual availability assessment		N	N	
					Annual metrics that are established quality measures		N	N	
					Other annual metrics		N	N	
					Other annual metrics		N	N	
03/01/2025	05/31/2025	08/29/2025	DY3Q4	DY3Q4	Narrative information	DY3Q4	N	N	
					Grievances and appeals	DY3Q4	N	N	
					Other monthly and quarterly metrics	DY3Q3	N	N	
					Annual availability assessment	AA3	N	N	
					Annual metrics that are established quality measures		N	N	
					Other annual metrics		N	N	
					Other annual metrics		N	N	
06/01/2025	08/31/2025	10/30/2025	DY4Q1	DY4Q1	Narrative information	DY4Q1	N	N	
					Grievances and appeals	DY4Q1	N	N	
					Other monthly and quarterly metrics	DY3Q4	N	N	
					Annual availability assessment		N	N	
					Annual metrics that are established quality measures	CY2024	N	N	
					Other annual metrics	DY2	N	N	
					Other annual metrics		N	N	
09/01/2025	11/30/2025	01/29/2026	DY4Q2	DY4Q2	Narrative information	DY4Q2	N	N	
					Grievances and appeals	DY4Q2	N	N	
					Other monthly and quarterly metrics	DY4Q1	N	N	
					Annual availability assessment		N	N	
					Annual metrics that are established quality measures		N	N	
					Other annual metrics		N	N	
					Other annual metrics		N	N	
12/01/2025	02/28/2026	04/29/2026	DY4Q3	DY4Q3	Narrative information	DY4Q3	N	N	
					Grievances and appeals	DY4Q3	N	N	
					Other monthly and quarterly metrics	DY4Q2	N	N	
					Annual availability assessment		N	N	
					Annual metrics that are established quality measures		N	N	
					Other annual metrics		N	N	
					Other annual metrics		N	N	
03/01/2026	05/31/2026	08/29/2026	DY4Q4	DY4Q4	Narrative information	DY4Q4	N	N	
					Grievances and appeals	DY4Q4	N	N	
					Other monthly and quarterly metrics	DY4Q3	N	N	
					Annual availability assessment	AA4	N	N	
					Annual metrics that are established quality measures		N	N	
					Other annual metrics		N	N	
					Other annual metrics		N	N	
06/01/2026	08/31/2026	10/30/2026	DY5Q1	DY5Q1	Narrative information	DY5Q1	N	N	
					Grievances and appeals	DY5Q1	N	N	
					Other monthly and quarterly metrics	DY4Q4	N	N	
					Annual availability assessment		N	N	
					Annual metrics that are established quality measures	CY2025	N	N	
					Other annual metrics	DY4	N	N	
					Other annual metrics		N	N	
09/01/2026	11/30/2026	01/29/2027	DY5Q2	DY5Q2	Narrative information	DY5Q2	N	N	
					Grievances and appeals	DY5Q2	N	N	
					Other monthly and quarterly metrics	DY5Q1	N	N	
					Annual availability assessment		N	N	
					Annual metrics that are established quality measures		N	N	
					Other annual metrics		N	N	
					Other annual metrics		N	N	
12/01/2026	02/28/2027	04/29/2027	DY5Q3	DY5Q3	Narrative information	DY5Q3	N	N	
					Grievances and appeals	DY5Q3	N	N	
					Other monthly and quarterly metrics	DY5Q2	N	N	
					Annual availability assessment		N	N	
					Annual metrics that are established quality measures		N	N	
					Other annual metrics		N	N	
					Other annual metrics		N	N	
03/01/2027	05/31/2027	08/29/2027	DY5Q4	DY5Q4	Narrative information	DY5Q4	N	N	
					Grievances and appeals	DY5Q4	N	N	
					Other monthly and quarterly metrics	DY5Q3	N	N	
					Annual availability assessment	AA5	N	N	
					Annual metrics that are established quality measures		N	N	
					Other annual metrics		N	N	
					Other annual metrics		N	N	

[Add rows for all additional demonstration reporting quarters]

Table 2. Serious Mental Illness and Serious Emotional Disturbance Demonstration Reporting Schedule

SMI/SED reporting quarter start date (MM/DD/YYYY)	SMI/SED reporting quarter end date (MM/DD/YYYY)	Monitoring report due (per STC) (MM/DD/YYYY)	Broader section 1115 reporting period, if applicable; else SMI/SED reporting period (Format DY#Q#; e.g., DY1Q3)	SMI/SED reporting period (Format DY#Q#; e.g., DY1Q3)	Reporting category	For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY#Q#; e.g., DY1Q3) ^a SMI/SED	Deviation from standard reporting schedule (Y/N)	Explanation for deviations (if column H="Y")	Proposed deviation in measurement period from standard reporting schedule in column G (Format DY#Q#; e.g., DY1Q3)
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^a**SMI/SED demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the effective date listed in the state's STCs at time of SMI/SED demonstration approval. For example, if the state's STCs at the time of SMI/SED demonstration approval note that the demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the demonstration. Note that the effective date is considered to be the first day the state may begin its SMI/SED demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on December 15, 2020, with an effective date of January 1, 2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration. To generate an accurate reporting schedule, the start date as listed in Table 1 of the "SMI/SED reporting schedule" tab should align with the first day of a month. If a state's SMI/SED demonstration begins on any day other than the first day of the month, the state should list its start date as the first day of the month in which the effective date occurs. For example, if a state's effective date is listed as January 15, 2020, the state should indicate "01/01/2020" as the start date in Table 1 of the "SMI/SED reporting schedule" tab. Please see Appendix A of the Monitoring Protocol Instructions for more information on determining demonstration quarter timing.

^b The auto-populated reporting schedule in Table 2 outlines the data the state is expected to report for each SMI/SED demonstration year and quarter. However, the state is not expected to begin reporting any metrics data until after protocol approval. The state should see Section B of the Monitoring Report Instructions for more information on retrospective reporting of data following protocol approval.

AA# refers to the Annual Assessment of the Availability of Mental Health Services ("Annual Availability Assessment") and the SMI/SED DY in which the Annual Availability Assessment will be submitted (for example, "AA1" refers to the Annual Availability Assessment that will be submitted with the state's annual monitoring report for SMI/SED DY1). Data in each Annual Availability Assessment should be reported as of the month and day indicated in the state's annual monitoring protocol. ^c When state reports indicate that Annual Availability Assessment data is submitted to annual monitoring reports, it should be reported and include a monitoring deviation in column G and H.