



CENTER FOR MEDICAID & CHIP SERVICES (CMCS) SECTION 1115 MONITORING REPORT SUMMARY TEMPLATE

This document serves as a template for Monitoring Leads to summarize and capture key content of section 1115 Demonstration Monitoring Reports (MRs) submitted by states for approved section 1115 Demonstrations on quarterly and annual basis. For additional guidance, please refer to [Section 1115 Monitoring Report Review Guide.pdf](#).

Instructions: During your review of an 1115 quarterly/annual monitoring report, consider the following:

- (1) Engage the internal demonstration team in reviewing monitoring reports (especially for the first one or two reports submitted).
- (2) Discuss with the PO and others (where applicable) any issues or “high risk” areas identified during the initial review and approval of the 1115 demonstration or through previous monitoring reports (e.g. potential beneficiary access to care issues, financing arrangements, “grandfathered” IMD authority). This information will assist in identifying any issues that need to be monitored closely; documented in summary report; and/or entered into the Issue Register.
- (3) If the data provided in the report is unstructured, please work with your internal demonstration team to assess and ensure that any significant changes to enrollment, eligibility, grievances, appeals, and denial of services are identified and captured in the summary template.
- (4) If a Demonstration has different policy areas, clarify applicability of reported information (i.e. if information is applicable to the entire Demonstration or only a portion of the Demonstration, such as SUD, managed care, etc.).
- (5) If the MR does not include information for any of the elements below, state “Not included in MR” under the “Summary of Information” column below. Identify whether that particular element was a required MR element in the Demonstration Special Terms and Conditions (STCs) and include that information in the summary column.
- (6) For demonstration deliverables that include home and community-based (HCBS) and/or managed care authority, ensure that the DHCBSO and/or DCMO SME enters feedback in the sections at the end of the template.

Complete the following fields:

Monitoring Report Information	Summary of Information
State and Demonstration Name	<i>Alabama Medicaid Agency – Community Waiver Program (CWP)</i>
Monitoring Lead reviewing MR	Rita E. Nimmons



**CENTER FOR MEDICAID & CHIP SERVICES (CMCS)
SECTION 1115 MONITORING REPORT SUMMARY TEMPLATE**

<p>MR Time Period (please specify quarterly vs. annual report and time period covered by MR)</p>	<p>Quarterly Report – 01/01/2023 – 03/31/2023 (Y2/Q2)</p>
<p>Did the State submit the MR timely? If not, please note length of delay and reasons for delay (if known)</p>	<p>Yes, State submitted Quarterly Report on 5/30/2023; due date was 5/30/2023</p>
<p>Please specify if there are any required elements missing in the MR per STCs</p> <p>If this is an annual report, please review the list of required content in footnote 1 of the <u>Monitoring Report Review Guide</u>. Determine if any required content is missing, including the summary of the annual forum.</p>	<p>None missing</p>
<p>Summary of key accomplishments and activities during reporting period</p>	<p>State reported the following accomplishments:</p> <ul style="list-style-type: none"> • The vacant provider network manager position was filled after more than four months. Four additional Community Waiver Program (CWP) support coordinator supervisor vacancies were formally announced, and the positions are expected to be filled in Y2/Q3; • Y2/Q2 saw an increase of more than 100% from Y2/Q1. The increase is attributed to the efforts to put more formal oversight and work from internal CWP support coordinators in assessing eligibility needs and getting needed eligibility information updated; • During Y2/Q2, the provider network increased with the addition of three CWP providers, bringing the overall total to 47. Two additional providers were approved to serve individuals in Group 4 for



**CENTER FOR MEDICAID & CHIP SERVICES (CMCS)
SECTION 1115 MONITORING REPORT SUMMARY TEMPLATE**

	<p>community based residential services, and one provider was approved for community transportation services, all in Region III;</p> <ul style="list-style-type: none">• The report noted that the priority this quarter continues to be increasing monthly enrollments into the CWP to achieve the original enrollment goal of 500 slots. This requires a collaborative effort between the 310 support coordination agencies, Alabama Department of Mental Health (ADMH) support coordinators, ADMH waiver coordinators, and ADMH wait list coordinators. The 310 agencies reported difficulty keeping up with the demands for intake and eligibility due to ongoing staffing shortages.• Enrollee Success Stories – the report cited 2 success stories;• To address challenges with meeting enrollment targets, in December 2022, the Regional Alabama Department of Mental Health’s Division of Developmental Disabilities (ADMH/DDD) CWP support coordination staff began identifying individuals from the waiting list in each CWP county that met an enrollment priority category and had accepted an allotted CWP waiver slot.• The report stated that the state will conduct additional outreach in Y2/Q3. People are contacted in order by length of time on the waiting list, beginning with those who have waited the longest. Outreach was conducted before the first year of the demonstration began, which identified around 300 people. The outreach helped identify those who wish to enroll in the CWP. The process of ensuring eligibility information is provided and what is needed to complete the eligibility process is organized in an Excel spreadsheet that is stored in Teams and accessible to support coordinators, regional office wait list coordinators, and waiver coordinators.
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**CENTER FOR MEDICAID & CHIP SERVICES (CMCS)
SECTION 1115 MONITORING REPORT SUMMARY TEMPLATE**

Enrollment numbers for MR period	The state reported a net total of 240 enrollments in the CWP as of the end of Y2/Q2. Total gross enrollments since inception of the waiver on November 1, 2021, are 259. Since inception, 19 people have disenrolled from the program as of the end of Y2/Q2.
Enrollment numbers for past MR period (for quarterly MR please refer to previous quarter; for annual MR please refer to previous year)	The state reported that there was a total of 52 new enrollments in the CWP during Y2/Q2, which is a 108% increase over Y2/Q1, which saw 25 gross enrollments.
Did the state provide context/explanation for enrollment increases or decreases? If yes, please provide detail here. If no, please consider whether to include as a discussion item in an upcoming monitoring call.	Yes, the increase in disenrollment noted in this report is due both to the overall increasing number of participants and that some of the disenrollment was processed in Y2, but should have been in Y1, because of late notification by support coordination to central office staff responsible for processing disenrollment.
For eligibility and coverage demonstrations, please enter disenrollment numbers for report period.	N/A
Did the state provide context/explanation for increases or decreases in grievances? If yes, please provide detail here. If no, please consider whether to include as a discussion item in an upcoming monitoring call agenda.	There were no formal beneficiary issues or complaints filed during Y2/Q2.
Did the state provide context/explanation for increases or decreases in appeals? If yes, please provide detail here. If no, please consider whether to include as a	There were no lawsuits or legal actions related to the CWP for Y2/Q2.



**CENTER FOR MEDICAID & CHIP SERVICES (CMCS)
SECTION 1115 MONITORING REPORT SUMMARY TEMPLATE**

<p>discussion item in an upcoming monitoring call agenda.</p>	
<p>Did the state provide context/explanation regarding increases or decreases in denial of services? If yes, please provide detail here. If no, please consider whether to include as a discussion item in an upcoming monitoring call agenda.</p>	<p>The report noted that some families continue to struggle to recruit staff to provide support services to their loved ones. Many chose the self-direction option, feeling that between friends, other family members, church members, or affiliations with colleges and universities, locating workers would not be a challenge. However, many are having a difficult time hiring staff.</p>
<p>Did number of providers for MR period increase or decrease significantly from the previous MR period? If yes, please enter reason if identified in report. If no reason provided, please review with state in an upcoming Monitoring Call.</p>	<p>At the end of Y2/Q2, there were 47 providers collectively providing 33 CWP services across the five regions. During Y2/Q2, the provider network increased with the addition of three (3) CWP providers.</p>
<p>Operational, implementation and beneficiary Issues identified in MR (Note: Discuss with team and determine whether these should be entered in Monitoring Issue Register)</p>	<p>The report noted the following challenges:</p> <ul style="list-style-type: none"> • ADMH/DDD continues to experience staff turnover across many CWP position types, • CWP enrollments continued to lag, resulting in not meeting projected target numbers. Many of the delays continue to center around outdated and/or missing eligibility documentation, • Challenges continued to persist throughout the quarter related to denial of claims from CWP provider agencies due to Third Party Liability (TPL) edits in AMA’s claims billing system, • Challenges to program success have been the lack of direct support professionals (DSPs) to provide direct services, • External partnerships are being strengthened through increased collaboration,



**CENTER FOR MEDICAID & CHIP SERVICES (CMCS)
SECTION 1115 MONITORING REPORT SUMMARY TEMPLATE**

	<ul style="list-style-type: none"> • ADMH/DDD was able to employ the provider network manager position that was vacant since November of 2022. • ADMH/DDD will continue to focus on meeting the enrollment goal of 500 by September 30, 2023.
<p>Any notable policy, operational and implementation updates or changes included in MR</p>	<p>Bills that may have an impact on people with disabilities currently moving through the Alabama Legislative session include:</p> <ul style="list-style-type: none"> • HB 105 - relating to guardianships and conservatorships to create the Colby Act to provide a supported decision-making agreement as an alternative to guardianship or conservatorship; and to provide the scope and limitation of a supported decision-making agreement. The Colby Act is supported by the Alabama Supreme Court Commission on Guardianships and Conservatorships. This bill provides for “Supported Decision Making.” ADMH/DDD is in support of “Supported Decision Making.” This bill aligns with the recommendations of the Alabama Supreme Court Commission on Guardianships and Conservatorships, of which ADMH is a member. DDD advocacy groups like the Arc Chapters, People First Alabama, and other waiver recipient and family groups are in strong support. • HB 141 - relating to disability insurance policies; to authorize disability insurers to offer paid family leave benefit policies. This Bill is moving and scheduled for second reading in House of Origin in early April 2023.
<p>Were there any evaluation updates included in MR? If yes, please summarize here.</p>	<p>Yes, Health Management Associates (HMA), the State’s independent evaluator, completed the draft evaluation design. The draft evaluation was submitted to CMS on April 19, 2022. During Y1/Q3, CMS reviewed the design and provided recommendations for the State to consider. The Evaluation Design was approved by CMS on December 6, 2022. HMA collaborated with the State to test and further refine administrative data queries to improve reliability and</p>



**CENTER FOR MEDICAID & CHIP SERVICES (CMCS)
SECTION 1115 MONITORING REPORT SUMMARY TEMPLATE**

	<p>validity in the data reports. 24.4% of providers are nationally accredited.</p> <p>In late 2022, Support Coordination Satisfaction Surveys were disseminated by mail, email, or via a case worker to participants in the Living at Home Waiver (LAH), Intellectual Disabilities Waiver (ID)CWP, and CWP waivers, and to their parents/guardians. The surveys asked about overall satisfaction with their (or their family members’) support coordinator and asked specific questions about how participants (or family members) felt about how available, helpful, respectful, inclusive the support coordinator were and satisfaction with their support plan and with connections to other needed services. A total of 483 completed surveys were received. A total of 265 surveys were from adult waiver participants, and 204 were from parents of adult waiver participants. Only a handful of surveys were received for parents of teen and youth participants.</p>
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The following sections are only completed for demonstrations that include HCBS and/or managed care authority:

For 1115 Demonstrations authorizing managed care, the DMCO SME will complete the following fields (add as many rows as needed):

Monitoring Report/Issue/Requirement Information	Summary of Information

For 1115 Demonstrations authorizing HCBS services, the DHCBSO SME will complete the following fields (add as many rows as needed):



**CENTER FOR MEDICAID & CHIP SERVICES (CMCS)
SECTION 1115 MONITORING REPORT SUMMARY TEMPLATE**

Monitoring Report/Issue/Requirement Information	Summary of Information
NA	No new comments or questions for this reporting period.