



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</i>
Monitoring Lead reviewing MR	Rita E. Nimmons



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MR Time Period (please specify quarterly vs. annual report and time period covered by MR)	Quarterly Report – October 1, 2021 thru December 31, 2021 (DY1Q1)
Did the State submit the MR timely? If not, please note length of delay and reasons for delay (if known)	State submitted Quarterly Report on 03/2/2022; due date was 3/1/2022
Please specify if there are any required elements missing in the MR per STCs 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.	None missing
Summary of key accomplishments and activities during reporting period	Alabama Department of Mental Health (ADMH) has provided \$1.8M in State dollars for start-up/bridge funding to support providers in recruiting, hiring and/or retaining staff for the CWP; Support Coordination staff are in place with only 3 vacancies; the Provider Network, Support Coordination staff, and Quality Enhancement-Certification staff are all engaged in ongoing training curricula; a total of 182 individuals have completed some required component of training needed to provide CWP services and supports; and ADMH is working with multiple contractors to support the CWP.
Enrollment numbers for MR period	The Waiver was approved October 21, 2021, and enrollments began on November 1, 2021. Since this is CWP’s first year of operation and the first quarterly report, ADMH has enrolled 35 individuals into CWP services as of 12/31/2021



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<p>Enrollment numbers for past MR period (for quarterly MR please refer to previous quarter; for annual MR please refer to previous year)</p>	<p>The Alabama Medicaid Agency (AMA) and the Alabama Department of Mental Health (ADMH) received final approval for the Community Waiver Program (CWP) from the Centers for Medicare and Medicaid Services (CMS) on October 21, 2021. This is CWP's first year of operation.</p>
<p>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.</p>	<p>There was no increase or decrease in enrollment since this demonstration was approved on October 21, 2021 and this is CWP's first year of operation.</p>
<p>For eligibility and coverage demonstrations, please enter disenrollment numbers for report period.</p>	<p>N/A</p>
<p>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.</p>	<p>There were no complaints or grievances received during this reporting period. The report states that a process to receive and track complaints and grievances had been established.</p>
<p>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 discussion item in an upcoming monitoring call agenda.</p>	<p>There were no complaints or grievances received during this reporting period, therefore no appeals.</p>
<p>Did the state provide context/explanation regarding increases or decreases in denial of</p>	<p>There was no increase or decrease in denial of services since this demonstration was approved on October 21, 2021 and CWP's first year of operation.</p>



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<p>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>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>There was no increase or decrease in the number of providers since this demonstration was approved on October 21, 2021 and CWP’s first year of operation. During implementation, the CWP enrolled 22 active providers and had 16 pending 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 state noted that COVID-19 PHE significantly impacted key waiver staff responsible for systems management and other ADMH staff were impacted directly or indirectly impeding ADMH’s ability to complete important tasks continuously and without delays. The tasks include developing operational procedures and performing functional analyst changes to the ADMH information system for data, claims billing and reporting. ADMH’s provider network also experienced many challenges such as keeping providers engaged due to delays in the launch.</p> <p>The state noted that the most significant threat to meeting deadlines has been challenges resulting from resolving compatibility issues between ADMH’s information system and AMA’s new Modular Electronic Visit Verification (MEVV) system. Other challenges include the development and testing of new queries needed for many new data requirements, development of forms, and integrating those forms into the system as a data source.</p> <p>Financial Management Services Agency Readiness for self-directed services has also been impacted by several factors</p>



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	<p>including the designation of billing codes for new services, information system limitations, and engagement around Modular Electronic Visit Verification (MEVV) readiness requirements.</p>
<p>Any notable policy, operational and implementation updates or changes included in MR</p>	<p>The state noted that to address the labor shortages and difficulty with workforce recruitment, hiring and retention, ADMH provided additional state-only funding through a grant application process.</p> <p>To increase quality and service delivery, ADMH required more comprehensive staff training targeted to specific skill sets to ensure a qualified professional workforce. The report noted that this created additional training time during a period of multiple provider workforce challenges.</p> <p>To ensure that training time and costs did not impede provider enrollment, ADMH was able to offer reimbursement for the time CWP DSPs spent in training as well as any associated training registration costs. This assistance was possible because of a legislative appropriation earmarked for provider readiness, training, and development.</p>
<p>Were there any evaluation updates included in MR? If yes, please summarize here.</p>	<p>During this initial demonstration quarter, the development of the draft Evaluation Design was in process. Health Management Associates (HMA), the State’s Independent Evaluator, were engaged with the State to further refine proposed evaluation measures for testing the hypotheses and research questions as submitted in the demonstration application. The key activities this quarter included:</p> <ul style="list-style-type: none"> • Identifying data sources, • Developing surveys and other data collection opportunities, • Implementing new data input processes for both the demonstration data and the control group data, and • Developing measurement methodologies to answer the research questions in preparation for the submission of the draft Evaluation Design in April 2022.



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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):

Monitoring Report/Issue/Requirement Information	Summary of Information
STC 40	For key policy D1, the state uses a metric for the number of CWP participants receiving all services in settings that are not provider-owned or controlled. Will the state be developing metrics for assessing the HCBS Settings Rule compliance with settings that ARE provider-owned or controlled?