



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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<p>MR Time Period (please specify quarterly vs. annual report and time period covered by MR)</p>	<p>Annual Report – 10/01/2022 – 09/30/2023</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 Annual Report on 12/22/2023; due date was 12/29/2023</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 program, with the assistance of existing training contractor The Columbus Group, successfully transitioned the competency-based direct service professionals (DSPs) course to the Tennessee Board of Regents (TBR), which develops and maintains similar courses offered in other states. • The review of the waiting list and work with the regional office staff are credited for the increase of enrollments in the final month of the quarter. • the CWP Director is working with the Department’s Human Resources Division (DHR) to adopt four new classifications for support coordinators. The new classifications will allow individuals with required education, but limited experience, to be hired as an entry-level support coordinator and then advance in



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	<p>this career while staying in the CWP, which should enable Alabama Department of Mental Health - Division of Developmental Disabilities (ADMH/DDD) to fill all support coordination positions, including those expected to be added in demonstration year three.</p> <ul style="list-style-type: none">• In Y2/Q4, the Special Review Committee (SRC) continued to review all emergency/crisis referrals to identify the criteria needed for Group 4 enrollment. The SRC reviews all the submitted information that identifies, based on evaluation conducted by the support coordination supervisor, immediate and long-term needs of the emergency/crisis referred individual. The SRC reviewed a total of seventy-four (74) emergency/crisis referrals for year two.• Enrollee Success Stories – the report cited 4 success stories.• The second-year end data for the CWP shows 318 participants were eligible for and completed an employment assessment. Of this number, thirty-two (32) are currently employed, which represents a 10.1% employment rate.• Y2/Q2, there were a total of 10 referrals made to Vocational Rehabilitation (VR). Y2/Q3, there were also a total of 10 referrals made to VR.• At the end of year two (Y2), a total of twenty-four (24) active support coordinators (including supervisors) had successfully completed the required person-centered assessment and planning (PCAP) training.• The ADMH/DDD transitioned to a new learning management platform. This was accomplished through an agreement involving the Tennessee Board of Regents (TBR) which hosts similar types of direct service workforce training in the State of Tennessee.
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<p>Enrollment numbers for MR period</p>	<p>The state reported a two-year total of three hundred - ninety (390) gross enrollments while not achieving the enrollment goal of 500. With disenrollments, total net enrollments at the end of year two was three hundred fifty-two (352). This included reserve capacity enrollments. Y2/Q4 a total of seventy-nine (79) individuals were enrolled. Fifty-four (54) of those individuals were enrolled in the last month of the quarter which is the largest number of enrollments in a single month.</p>
<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>This is the second year of the demonstration. The state reported one hundred seventy-three (173) new enrollments during year one of the demonstration year.</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>Yes, the primary explanations for the low enrollments in year two was:</p> <ul style="list-style-type: none"> • Lack of updated eligibility documentation, • Lack of staffing capacity dedicated to enrollments and, • Lack of effective outreach strategy for Group 5 continues to be a challenge for ADMH and the 310 Boards (serving CWP counties in regions 1, 3, 4 and 5) charged with facilitating enrollment into the waivers. Delays were further exacerbated by staffing challenges among both 310 Boards serving CWP counties and ADMH/DDD staff who were pulled into other urgent work (e.g., audits; HCBS settings rule compliance monitoring).
<p>For eligibility and coverage demonstrations, please enter disenrollment numbers for report period.</p>	<p>N/A</p>



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<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/issues reported for this reporting period.</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 lawsuits or legal actions related to the CWP for the second demonstration year.</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>According to the report, in demonstration year two, there were ongoing challenges with denials of claims from CWP provider agencies. Many of these denials were a result of third-party liability (TPL) edits in Medicaid’s claims system. Alabama Medicaid is the payer of last resort. When an individual has a TPL guarantor, the system flags the case for provider edits and rejects the billing. ADMH/DDD and the Alabama Medicaid Agency (AMA) were able to resolve these ongoing issues through exemptions for services that should not have been subject to TPL edits. The state reported that these exemptions have substantially decreased the number of denied claims as compared to demonstration year one (Y1). Year two (Y2) denials were primarily due to provider overbilling for a service, or exceeding unit caps on a given service day. Denied claims outside provider agency control were often attributed to coding issues that have either been resolved or are currently being addressed for resolution.</p>
<p>Did number of providers for MR period increase or decrease significantly from the previous MR</p>	<p>According to the report, during year two the provider network was increased by fourteen providers that each met the minimum preferred provider qualification (PPQ) score, to</p>



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<p>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>meet immediate and urgent needs. This brought the overall total number of CWP providers to fifty-one (51). The shortage of direct service professionals DSPs was the primary reason that many provider agencies limited their acceptance of new referrals and ability to initiate service delivery throughout this year.</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"> • Some data systems and processes needed for the evaluation were still under development for at least part of Year 2 or were unstable and needed refinement in Year 2. • Year 2 provided the first opportunity for baseline data to be collected, so no comparison data are available yet. • Individual Experience data from the National Core Indicators (NCI) Survey for Year 1 did not include an adequate number of CWP participants to be valid. NCI data for Year 2 are not yet available but will be reported in the second quarter of Year 3.
<p>Any notable policy, operational and implementation updates or changes included in MR</p>	<p>As Alabama’s 2023 Regular Session concluded June 6, 2023, the following bills related to I/DD became law and went into effect:</p> <ul style="list-style-type: none"> • Act 2023-366, Wood-R, prohibits discrimination against individuals with a disability when receiving an anatomical gift or organ transplant based on his or her disability. This act was signed by the Governor June 1, 2023, and it became effective September 1, 2023. • Act 2023-112, Ellis-R, authorizes disability insurers to offer paid family leave benefit policies. This act was signed by the Governor May 4, 2023, and it became effective in August 1, 2023. • Act 2023-134, Orr-R, “The Colby Act,” which provides for supported decision-making agreements as an alternative to guardianship or conservatorship. This



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	<p>act was signed by the Governor May 5, 2023, and it became effective August 1, 2023.</p> <ul style="list-style-type: none"> • Act 2023-527, Orr-R, Requires the installment of video cameras in certain classrooms providing special education services. This act was signed by the Governor on June 14, 2023, and it became effective September 1, 2023.
<p>Were there any evaluation updates included in MR? If yes, please summarize here.</p>	<p>Yes, Appendix B of the report noted that the independent evaluator, Health Management Associates (HMA) worked with the State to complete and revise the final Evaluation Design, which was approved by CMS on December 6, 2022. HMA spent the second year of the Community Waiver Program (CWP) Demonstration working with the state to test and improve data collection methods, as well as to complete baseline participant and provider survey activities that had been delayed due to the limited enrollment of CWP participants during the first year.</p> <p>Key activities and accomplishments for the second year of the evaluation (October 1, 2022, through September 30, 2023) are also in Appendix B per Y2 Quarters.</p>

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



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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
N/A	The 1115 gives the state the option to report on the QIS and instances of A/N/E and deaths in the annual report or in the 372 Report for the 1915(c) waiver. The annual report does not include this information. DHCBSO analyst will follow up with the state to ensure it's included in the 372 Report due March 31.