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	*Alabama Medicaid Agency – Community Waiver Program*
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 Monitoring Report DY2Q1 – 10/01/2022 – 12/31/2022
Did the State submit the MR timely? If not, please note length of delay and reasons for delay (if known)	Yes, State submitted Quarterly Report on 02/28/2023; due date was 03/01/2023
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 Monitoring Report Review Guide. 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	State reported the following accomplishments: • Outreach - The Alabama Department of Mental Health - Division of Developmental Disabilities (ADMH/DDD) 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; • Data analysis conducted during Y2/Q1 of the number of service authorizations, with providers secured, revealed an increase of 42% over the previous quarter (Y1/Q4). Of the 132 participants with approved person-centered plans, 122 (92.4%) have services authorized other than Support Coordination; • Along with prioritizing the enrollment of those meeting a priority category and previously indicating a desire to enroll, support coordinators also reviewed

	other people on the waiting list and conducted additional outreach; • Collaboration between ADMH/DD and Alabama Department of Rehabilitation Services (ADRS)/ Alabama Vocational Rehabilitation (VR) is working with no significant complaints or concerns. According to the report, there were challenges throughout year one, the lessons learned set a solid foundation for moving forward in year two. • Enrollee Success Stories – the report cited 4 success stories during Y2/Q1; • During this reporting period, CWP leadership met with both the Columbus Group and the QuILTSS Institute (TQI) to review scheduled trainings and discuss the current contracts with both organizations; • In Y2/Q1, there was an overall 37.5% decline in referrals as compared to Y1/ Q4. There was a total of 15 referrals classified as emergency by the referral source in Y2/Q1 as compared to 24 in the prior quarter. • The CWP enrolled the first individual into Group 5 during this quarter.
Enrollment numbers for MR period	The state reported a total enrollment as of the end of Y2/Q1 of one-hundred & ninety-five (195). Y1/Q4 reported one hundred seventy-three (173) total enrollments.
Enrollment numbers for past MR period (for quarterly MR please refer to previous quarter; for annual MR please refer to previous year)	There was a total of 22 new enrollments in the CWP during Y2/Q1, which is a decrease from Y1/Q4, which saw 42 enrollments. There was a 48% decrease in enrollment as compared to Y1/Q4.
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	Yes, the primary explanations for the low enrollments in Y2/Q1 was: • CWP enrollments continue to lag, resulting in not meeting projected target numbers centering around outdated and/or missing eligibility documentation;

discussion item in an upcoming monitoring call.	• ADMH/DDD continues to experience staff turnover across many CWP position types; • The CWP enrolled the first individual into Group 5 during this quarter.
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/Q1.
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.	There were no lawsuits or legal actions related to the CWP for Y2/Q1.
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.	The report noted again that challenges continue 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. Alabama Medicaid is the payer of last resort; therefore, it is a requirement that private or primary insurance is billed prior to billing Medicaid. During this quarter, ADMH/DDD expressed concerns to Medicaid about service codes rejecting for TPL edits. There was no mention of services being denied in the report.
Did number of providers for MR period increase or decrease significantly from the previous MR	Providers experienced significant challenges due to the national workforce shortage among direct support professionals (DSPs). At the end of Y2/Q1, there were 44

period? If yes, please enter reason if identified in report. If no reason provided, please review with state in an upcoming Monitoring Call.	providers collectively providing 33 CWP services across the five regions compared to 33 in Y1/Q4.
Operational, implementation and beneficiary Issues identified in MR (Note: Discuss with team and determine whether these should be entered in Monitoring Issue Register)	The report noted the following challenges: • In December 2022, the Regional 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, • There are still enrollment documentation challenges, • Provider agencies continue to address staffing shortages and work closely with ADMH/DDD to address current efforts to recruit and retain staff, • Providers continue to report ongoing challenges with providing CWP services due to the COVID-19 pandemic's impact on recruitment and retention of direct support professionals (DSPs). • Finding qualified staff to fill CWP support coordination and program oversight positions remains a challenge, • There is anticipation of additional Requests for Proposals (RFPs) to fill provider/service gaps to be released during Y2. These RFPs will be released after key steps are taken early in Y2 to improve the probability of success resulting from the additional RFP processes. These steps include a planned CWP waiver amendment to increase both reimbursement rates and expenditure caps to make permanent enhanced payments for services made in response to the COVID-19 public health emergency (PHE) and to respond to the findings of a rate study ADMH/DDD procured in FY22.

Any notable policy, operational and implementation updates or changes included in MR	The CWP utilizes a preferred provider network, which means providers must meet certain Preferred Provider Qualifications (PPQs) to be selected for enrollment.
Were there any evaluation updates included in MR? If yes, please summarize here.	The State's independent evaluator, Health Management Associates (HMA), completed the draft evaluation design, which was submitted to CMS on April 19, 2022. The Evaluation Design was approved by CMS on December 6, 2022. The evaluation design for the state submission to CMS was submitted on August 22, 2022.

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
	No new comments or questions for this reporting period.