



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**

MR Time Period (please specify quarterly vs. annual report and time period covered by MR)	Quarterly Report – 04/01/2023 – 06/30/2023 (Y2/Q3)
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 08/25/2023; due date was 08/29/2023
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 <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	State reported the following accomplishments: <ul style="list-style-type: none"> • At the end of Y2/Q3, the third Quality Assurance & Planning staff member (credentialing specialist) was hired and will begin employment on July 1, 2023. This position had been vacant since December 2022. This completes the provider network credentialing staff team. Three credentialing staff will cover the five regions. These staff are in Region I (North Alabama), Region IV (Central Alabama), and Region III (South Alabama). Providers will be assigned to credentialing staff that are located within a reasonable driving distance. • A total of 51 individuals were enrolled into the CWP during Y2/Q3, with four people choosing to disenroll, which brought the total net enrollments for Y2/Q3 to 47. This contributed to a net overall total of 281



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

	<p>individuals enrolled in CWP services since program inception. During Y2/Q3, those who chose to disenroll made a voluntary choice to disenroll, and one moved out of state.</p> <ul style="list-style-type: none">• The CWP saw a decrease in referrals classified as emergencies during Y2/Q3• As noted in the last quarter, the priority this quarter continues to be increasing monthly enrollments into the CWP to achieve the original enrollment goal of 500 slots by September 30, 2023. The current waiting list will continue to be pulled in the eleven (11) CWP counties, and those who have been waiting for services the longest will continue to be contacted first.• Enrollee Success Stories – the report cited 5 success stories;• Increased efforts are planned for Y2/Q4 to achieve the targeted enrollment goal of 500 by September 30, 2023. The current waiting list will continue to be pulled in the eleven (11) CWP counties, and those who have been waiting for services the longest will continue to be contacted first.• At the end of Y2/Q3, the top ten most highly utilized services (i.e., most frequently authorized) across all five regions, in order of utilization, were:<ul style="list-style-type: none">○ Support Coordination○ Community Integration Connections and Skills Training○ Community Transportation○ Independent Living Skills Training○ Self-Directed Personal Assistance – Community Personal Assistance – Community○ Employment Services○ Agency Personal Assistance – Home○ Self-Directed Community Transportation• The third credentialing specialist was hired at the end
--	--



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

	<p>of Y2/Q3.</p> <ul style="list-style-type: none"> • During Y2/Q3, the provider network increased with the addition of two agencies, bringing the overall total to 49. The two additional providers were approved to serve individuals in Group 4 for Community Based Residential Services (CBRS) services in Region II/Tuscaloosa and Region III/Mobile. • The new provider network manager (PNM) officially began his new position on April 3, 2023. The position was vacated in November 2022 due to the previous employee accepting a position with another agency.
Enrollment numbers for MR period	<p>The state reported a net total of 285 enrollments in the CWP as of the end of Y2/Q3. There were four disenrollments during Y2/Q3, which resulted in net total enrollment of 47 for Y2/Q3 and 281 for the program since inception. <i>(Note: The state reported a net total of 240 enrollments in the CWP as of the end of Y2/Q2. That would make it 287 since inception)</i></p>
Enrollment numbers for past MR period (for quarterly MR please refer to previous quarter; for annual MR please refer to previous year)	<p>The state reported that there was a total of 51 new enrollments minus 4 disenrollment in the CWP during Y2/Q3. <i>The total net enrollment number for Y2 was 108? (Y2Q1=22 + Y2Q2=33 +Y2Q3 =47→102); There were 19 disenrollments in Y2Q2 per last report.</i></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>Yes, the decrease in the four (4) disenrollment noted in this report was because those who chose to disenroll made a voluntary choice to disenroll, and one moved out of state.</p>
For eligibility and coverage demonstrations, please enter disenrollment numbers for report period.	<p>N/A</p>



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

<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 formal beneficiary issues or complaints filed during Y2/Q3.</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 Y2/Q3.</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 many of the denied claims were a result of Third-Party Liability (TPL) edits in AMA’s claims billing system. Medicaid is the payer of last resort; therefore, it is a requirement that private or primary insurance is billed prior to billing Medicaid. AMA and DDD have worked together to have many CWP services exempt from TPL edit requirements. According to the state, this has resulted in a substantial decrease in denied claims for TPL reasons. While there are still some claims denied for TPL, the number is much smaller, and the fiscal office continues to work with AMA for additional exemptions. Other denials discovered through the vetting process were often a result of billing errors by provider agencies and/or coding errors. The fiscal office reviews and addresses these daily. Overall, the fiscal office has seen a substantial decrease in denied claims. Those denied will continue to be assessed and addressed, and additional training will be provided to staff when necessary.</p>
<p>Did number of providers for MR period increase or decrease</p>	<p>During Y2/Q3, the COVID-19 public health emergency continued nationwide through May 11, 2023. According to</p>



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

<p>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>the terms and conditions of the CWP, the State is required to seek additional providers when, by service and region, the average referral acceptance rate drops below 80%.</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 address vacant positions and potential measures to increase the number of applicants for vacant positions., • Increased efforts were planned for Y2/Q4 to achieve the targeted enrollment goal of 500 by September 30, 2023. The current waiting list continues to be pulled in the eleven (11) CWP counties, and those who have been waiting for services the longest will continue to be contacted first, • 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, • Staffing for FY23 continues to be a top priority for the CWP. Currently, the total number of ADMH/DDD-CWP support coordinators across the four regions is 18, with four vacancies. The Region II-310 support coordination agency has four staff with one full-time and one part-time vacancy, • ADMH/DDD continues to address vacant positions and potential measures to increase the number of applicants for vacant positions. ADMH/DDD expects the new classification to be approved for utilization in Y3/Q1, • At the end of Y2/Q3, the third Quality Assurance & Planning staff member (credentialing specialist) was hired and was to begin employment on July 1, 2023. This position had been vacant since December 2022. This completes the provider network credentialing



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

	<p>staff team. Three (3) credentialing staff covers the five regions. These staff are in Region I (North Alabama), Region IV (Central Alabama), and Region III (South Alabama). Providers are assigned to credentialing staff that are located within a reasonable driving distance.</p>
<p>Any notable policy, operational and implementation updates or changes included in MR</p>	<p>The following developmental disability bills passed during the 2023 Regular Legislative Session and were signed into law:</p> <ul style="list-style-type: none"> • HB 122 (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. • HB 141 (Act 2023-112), Ellis-R, authorizes disability insurers to offer paid family leave benefit policies. • HB 356 (Act 2023-354), Hulsey-R, requires each law enforcement officer to complete a sensory training to assist individuals with sensory needs or “invisible disabilities.” • SB 55 (Act 2023-134), Orr-R, “The Colby Act,” which provides for supported decision making agreements as an alternative to guardianship or conservatorship. • SB 56, Orr-R (Act 2023-527), Requires the installment of video cameras in certain classrooms providing special education services. Note, this bill passed the legislature, but is not yet signed by the Governor.
<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, which 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 validity in the data reports.</p>



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

	HMA collaborated with the State to test and further refine administrative data queries to improve reliability and validity in the data reports. HMA also worked with the state to improve participation in the provider survey. This survey collects data for Measures M22, Self-reported provider agency stability, and M23, Provider Stability Indicators.
--	--

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