



## 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:**

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



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<p><b>MR Time Period (please specify quarterly vs. annual report and time period covered by MR)</b></p>	<p>Quarterly Report – April 1, 2022 thru June 30, 2022 (DY1Q3)</p>
<p><b>Did the State submit the MR timely? If not, please note length of delay and reasons for delay (if known)</b></p>	<p>Yes, State submitted Quarterly Report on 08/26/2022; due date was 8/29/2022</p>
<p><b>Please specify if there are any required elements missing in the MR per STCs</b></p> <p><b>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.</b></p>	<p>None missing</p>
<p><b>Summary of key accomplishments and activities during reporting period</b></p>	<p>State reported the following accomplishments:</p> <ul style="list-style-type: none"> <li>• Increase in Outreach and Enrollment;</li> <li>• Additional Enrollee Success stories;</li> <li>• Emergency Placements – fourteen (14) referrals;</li> <li>• Enhancement of the Person-Centered Planning (PCP) process;</li> <li>• Support Coordination Capacity - three (3) new CWP Support Coordinators (SCs) filled the vacant positions across all five (5) regions;</li> <li>• The collaboration with Alabama Department of Rehabilitation Services (ADRS) is going well.</li> <li>• Provider Network Successes - ADMH/DDD completed enrollment of providers – thirty-three (33) enrolled and active.</li> </ul>



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<b>Enrollment numbers for MR period</b>	There were seventy-nine (79) new enrollments during this quarter.
<b>Enrollment numbers for past MR period (for quarterly MR please refer to previous quarter; for annual MR please refer to previous year)</b>	Enrollments into the CWP increased from fifty-nine (59) during the first two (2) quarters to a total of one hundred thirty-nine (139) in Q3 as a result of seventy-nine (79) new enrollments during this quarter. This represents a 73% increase over the over the first two quarters.
<b>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.</b>	Yes, priorities were focused on increased enrollments along with ensuring the readiness of the CWP Provider Network. There was an increase in Emergency Requests for CWP Group 4 Community Based Residential Services; the continued goal is to enroll five hundred (500) individuals in the CWP. However, CWP enrollments continue to lag behind set targets. The majority of the delays were the result of outdated or missing eligibility documentation.
<b>For eligibility and coverage demonstrations, please enter disenrollment numbers for report period.</b>	N/A
<b>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.</b>	There was one formal complaint/grievance filed in Q3. A CWP family reached out to the AMA to discuss the following concerns: <ol style="list-style-type: none"> <li>1. Question about whether the mother would need to obtain legal guardianship to sign Waiver documents for her daughter (the Waiver participant).</li> <li>2. Question about the amount of Personal Assistance services that could be received on a weekly basis using the self-direction option.</li> <li>3. Question about whether the Waiver participant would be required to obtain a TB skin test.</li> </ol>
<b>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</b>	There were no lawsuits or legal actions related to the CWP during this reporting period.



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<p><b>discussion item in an upcoming monitoring call agenda.</b></p>	
<p><b>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.</b></p>	<p>There was no increase or decrease in denial of services reported.</p>
<p><b>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.</b></p>	<p>ADMH/DDD completed enrollment of providers originally selected for the provider network to achieve a total of thirty-three (33) enrolled and active providers. Only five (5) providers were pending completion of the enrollment process at the end of Q2. The pending providers were approved in Q3 and two (2) of the five (5) initiated service started during Q3.</p>
<p><b>Operational, implementation and beneficiary issues identified in MR (Note: Discuss with team and determine whether these should be entered in <a href="#">Monitoring Issue Register</a>)</b></p>	<ul style="list-style-type: none"> <li>• The beneficiary complaint/grievance was settled quickly without any additional concerns expressed by the participant and/or family.</li> <li>• There were enrollment challenges and delays mostly due to outdated or missing eligibility documentation. Many of the individuals interested in enrolling in CWP required an updated Inventory for Client and Agency Planning (ICAP), and others needed a Medicaid eligibility determination.</li> </ul>
<p><b>Any notable policy, operational and implementation updates or changes included in MR</b></p>	<p>Administrative Code - ADMH/DDD was amended Chapter 580-5-30 of the Administrative Code, Intellectual Disabilities Services, to authorize and support Alabama’s new CWP. The amendment strengthened language necessary to comply with the federally mandated Home and Community Based Services (HCBS) Settings Rule governing all Waiver programs administered by ADMH/DDD. The proposed Administrative</p>



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	Code revisions were codified, and final adoption began on May 15, 2022.
<b>Were there any evaluation updates included in MR? If yes, please summarize here.</b>	The State’s independent evaluator, completed the draft evaluation design and submitted to CMS on April 19, 2022. During Q3, CMS reviewed the design and provided recommendations for the State to consider. A meeting with CMS is expected in early Q4 to finalize the evaluation design, and CMS approval is also anticipated in Q4.

**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):

<b>Monitoring Report/Issue/Requirement Information</b>	<b>Summary of Information</b>

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

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