



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>Quarterly Report – January 1, 2022 thru March 31, 2022 (DY1Q2)</p>
<p>Did the State submit the MR timely? If not, please note length of delay and reasons for delay (if known)</p>	<p>State submitted Quarterly Report on 5/31/2022; due date was 5/30/2022</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>Alabama Department of Mental Health Division of Developmental Disabilities (ADMH/DDD) increased enrollment; reported enrollee success stories for three (3) individuals who were referred to the CWP as emergencies; developed a CWP Master Operational Guidelines Manual; developed and introduced a comprehensive “Tips Tool” for Support Coordinators to guide their work in developing robust person-centered assessments and plans; offered State dollars for start-up/bridge funding to support providers in recruiting, hiring and/or retaining staff; worked closely with The Council on Quality and Leadership (CQL) to finalize the ongoing credentialing and continuous quality improvement process for the CWP provider network; and put in place Support Coordination staff for all eleven (11) CWP counties with only three (3) vacancies as of March 31, 2022.</p>



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Enrollment numbers for MR period	ADMH/DDD enrolled twenty-four (24) additional individuals during the second quarter.
Enrollment numbers for past MR period (for quarterly MR please refer to previous quarter; for annual MR please refer to previous year)	For the first Quarter (the first year of operation), ADMH enrolled 35 individuals into CWP services as of 12/31/2021, bringing the total number of enrollments into CWP services to fifty-nine (59) since implementation on November 1, 2021
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.	Actual enrollments into the CWP did not meet the anticipated pace of number of enrollments of one hundred (100) for Q2. There were challenges with missing eligibility information were the predominant reason for the lower than anticipated enrollments. Only 42% of the individuals identified for enrollment from the waiting list had up-to-date eligibility information needed to enroll.
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 complaints or grievances received during this reporting period. Therefore, no context/explanation for Increases or decreases in grievances applicable.
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 complaints or grievances received during this reporting period, therefore no appeals.
Did the state provide context/explanation regarding	There was no increase or decrease in denial of services reported in Q2.



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<p>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>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>No new providers were enrolled in Q2.</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>There were enrollment challenges; Financial Management Services Agency (FMSA) Readiness including the designation of billing codes for new self-directed services, information system limitations, and engagement around Modular Electronic Visit Verification (MEVV) readiness requirements; challenges ensuring its case management records and claims billing system, ADIDIS, works effectively to support the CWP; hiring of key positions to support the CWP; Provider Understanding of Expectations for Timely Service Initiation; Obtaining Necessary Background Checks; Direct Service Workforce Shortage; and misunderstandings among some providers who were not clear on training requirements that were necessary prior to service initiation.</p>
<p>Any notable policy, operational and implementation updates or changes included in MR</p>	<p>To ensure providers can more readily provide Direct Support Professionals (DSPs) to start delivering CWP services, pre-service training requirements were assessed, and a policy change was implemented to reduce the amount of training that must be completed prior to beginning DSP service of CWP participants.</p>



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<p>Were there any evaluation updates included in MR? If yes, please summarize here.</p>	<p>Key evaluation activities this quarter have included: identifying and refining data sources, developing surveys and other data collection opportunities, implementing new data input processes for both the demonstration data and the control group data, developing measurement methodologies to answer the research questions, and drafting the Evaluation Design document. Health Management Associates (HMA) and the State have developed thirty (30) different measures to test twelve (12) hypotheses, in support of the demonstration goals.</p>
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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):

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

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



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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?