DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-25-26 Baltimore, Maryland 21244-1850



State Demonstrations Group

April 18, 2023

Stephanie Azar Commissioner Alabama Medicaid Agency 501 Dexter Avenue Montgomery, Alabama 36103

Dear Ms. Azar:

The Centers for Medicare & Medicaid Services (CMS) completed its review of the Serious Mental Illness (SMI) Monitoring Protocol, which is required by the Special Terms and Conditions (STC), specifically, STC #28, of Alabama's section 1115 demonstration, "Institutions for Mental Disease Waiver for Serious Mental Illness" (Project No: 11-W-00371/4), effective through May 19, 2027. CMS determined that the Monitoring Protocol, which was submitted on October 17, 2022 and revised on March 1, 2023, meets the requirements set forth in the STCs, and thereby approves the state's SMI Monitoring Protocol.

The Monitoring Protocol is approved for the demonstration period through May 19, 2027 and is hereby incorporated into the demonstration STCs as Attachment D (see attached). In accordance with STC #45 (Public Access), the approved SMI Monitoring Protocol may now be posted to your state's Medicaid website.

We look forward to our continued partnership on the Alabama Institutions for Mental Disease Waiver for Serious Mental Illness section 1115 demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

Danielle Daly -S Date: 2023.04.18 08:50:48

Danielle Daly Director Division of Demonstration Monitoring and Evaluation

Medicaid Section 1115 SMESED State Demonstration Name	Nad at least 1993 M Sammer Manager M Sammer M Sa																	
		otional Disturbance Planned Metrics	Standard infer	ragios os CMS servided	me tries							nurine, annual engls, and	de montesion larvel	Alicancel with CMS or	rided technical specifications manual		Phorein metri	is receive
					Explanated Superior S			Explanting of any deviations from the CMS previded technical	Paradia sertira constitu	SMISCO marketin most in thick make	N. O' January							
EVANOVE.	Motels name	Metric description	Mindage as reporting tool	do Metriotras	Exaction calcrery	Data server	Measurement seried	Executes frames:	Remotine missies	State will senset (UN)	(MMEGYYYY) MMEGYYYY)	Assert and	Overall demonstration towers	After that planted reporting matrices the CMS provides for based swelfs allow manual CCO.	Explanation of any deviations from the CMS greet ideal technical specifications manual as other considerations, pliffers at data course de faither, under, turnet annulation, etc. ¹⁸	State plans to plane in reporting (3:30)	NSI NID measuring upper in which metals will be placed in (Fermal DVPQE, e.g. DVPQE)	
20 (Do not delete er edit this ren)	Reneficiaries With SMESSED Treated in an IMD for Mental Health	EXMIPLE. Number of herefutaries in the demonstration population who have a claim for against a residential treatment for mental health in an IUEO during the reporting water.	Milestone J	Chileconstructed	EXMPLE Other annual metrics	Claims	EXAMPLE: Year	EXMPLE Annually	EXAMPLE: Required	y	EXMPLE: 61/61/2009-12/91/2020	Increase	EXCEPTE: Considered	N	EXAMPLE: The Department will are state-defined procedure codes (that wearfur paties) to calculate this metric.	T	EXAMPLE: DESIGN	EXAMPLE. The demonstration rate will be epidating as ESIR during the start of the demonstration. He plan to phase to reporting after the system update has been completed by and to late 2021 (202).
8	SLD Screening of Broadcastes Admitted to Psychiatric Hospitals or	experience or revalentale Prochance (for reveals handle to and DEO during the expecting term and will be represed for the measures. For a time will be represed for the measures. I SEED Patients the conversal position for instituting whether the services of an enforced in best of instruments about the brought of the position of an entire of the conversal of	Miketana I	Established quality means	are Annual matrics that are an established quality measure	Medical record series of claims	Year	Assaly	Recommended	v	66/91/2022-12/91/2022	Incesses	Eminuse	y		N		
2	Use of Feet Line Psychonoxid Care St	STRAs. Points this control the his Fatorontine during the homisticture Percentage of children and addressents ages 1 to 17 who had a new prescription for an	Milestone I	Established quality means	no Annual matrics that are an established assists measure	China	Year	Annally	Repired	N				Y	Waitur apported for adults agos 21-64	N		
4	Antercelectics (APP-CE) 30-Day AE-Caster Unphased Readmission Fellowing Prochesis	a wer sam relation in stage on a subject to GY. The stage of the stag	Milestone 2		or Annual matrics that are an established quality measure		Year	Annally	Repirel	Y	66/91/29/22-12/91/29/22	Drovan	Decaration	v		N		
	Hospitalization in an Impatient Population Facility (IPF)	measurement point said to identify cases in the measure population is 12 months from January 1 through December 31 .																
6	Medication Continuation Following	This measure accesses whether psychiatric patients admitted to an inputient psychiatric	Mikrotow 2	Established quality means	ore Annual matrics that are on established quality measure	Chies	Veer	Annaly	Repired	Y	66/1/2021 - 12/31/2022		Consistent		Waiter is appeared for adults ages 21-64 for SME treatment	N		
2	Follow-up After Hospitalization for Montal Blasses: Ages 6 to 17 (FUH-CH	(finite) [16] In major depression facility (16CC), unlimptome, no police demole field or processing for or brain and market medicates with a Contract of the State of 18CC, and processing for the state and market with a Contract or the State of 18CC, and 18CC, and Postured gray of shallowing of the State of 18CC and two two longitudes for transverse of search hard gray other. Two means are operated and processing the state of 18CC and 18CC and 18CC and 18CC and 18CC and search hard gray other. Two means are operated and the state of 18CC and 18CC and 18CC and 18CC and 18CC and 18CC and 18CC and search hard gray other Two means are operated and the state of 18CC and 18CC and search processing of discharge for which the distributions of this own part of the state of the state of 18CC and	Mikotase 2	Established quality recent	are Annual matrics that are an established quality measure	China	Veer	Annally	Repirel	N					Waisar is appeared for adults ages 21-64	N		
		mental health provides. Two rates are repeated. - Percentage of decharges for which the child received follow-up within 10 days after discharge.																
*	Follow-up After Hospitalization for	Precentage of decharges for which the child received follow-up within? days after discheree. Precentage of discharges for breefs inter age 18 and older who was hospitalized for	Miketana 2	Established quality means	no Annual motives that are an established quality measure	China	Vear	Annaly	Repired	v	66/01/2022-12/91/2022	Secretary	Income	Y		N		
	Montal Bases: Ago 18 and Older (FLB AD)	"Particulary or distinctions for the based of the particular of the second of the based of the b			otahished quilty measure													
	C. b	declarge Percentage of declarges for which the beneficiary received follow-up within 7 days after declarge.	Maria A	C-MAIL-P		and the same of th	Ware	Annaly	Acres 4		44.01.0000.11.01.0000				Water apported for SMI treatment corridors	-		
Ī	Follow-up After Emergency Department Vest for Akelsol and Othe Desg Alson or Department Ago 18 and Othe (FUA-AD)	Continued of the control of the cont	,		or Annal matrix flat are an established quality measure	Case		Aman	August .	ľ			Communication		name approve as non-seasons services.			
		follow-up within 30 days of the ED visit - Percentage of ED visits for ACO above or dependence for which the beneficiary received follows on minim 2 days of the ED visit.																
10	Follow-Up After Emergency Department Vest for Montal Electric Age 18 and Older (FUM-AD)	Percentage of emergency department (ED) visits for homefoliaries age 18 and older with a primary diagnosis of mental discus or intentional soff-harm and who had a follow-up visit for mental discus. Two ratios are reported:	Miketino 2	Established quality means	on Annual matrics that are an established quality measure	Claim	Year	Assaily	Repired	Y	66/91/2922-12/91/2922	Secresso	Increase	Y		N		
		Percentage of ED risks for mental illness for which the beneficiary received follow-up within M-lays of the ED visit Percentage of ED visits for mental illness for which the beneficiary received follow-up																
11	Stainle or Overdour Death Within 7 and 30 Days of Discharge From an	mittin 7 date of the EN risk Number of mixels or eventure deaths among Medicaid beneficiaries with SME or SED with 7 and 30 days of discharge from an inpution facility or availability for manual health.	in Mileston 2	CMS-contrasted	Other annual metrics.	State data on cases of death	Year	Assaly	Recommended	Y	85912022-6496/2023	Document	Decrease	Y		N		
	Transmit for Mental Hoolth Among Streetwart With SMI or SED (count																	
12	Sainle or Overdere Death Within 7 and 30 Days of Disabarge From an	Rate of misks or structure sharins among Machard home fraints with SMI or SSD within? and 30 days of dashungs from an injuriout facility or residential step for mostal houlth.	7 Milestone 2	Officentrated	Other annual metrics	State data on cases of death	Year	Annaly	Recommended	v	65912922-64562923	Document	Discount	v		N		
	Impaired Facility or Residented Treatment for Montal Health Among Bowlinianin, With SME or SED (sale)																	
13	Mantallificable Services Utilization - Installical	Number of branch inters in the documentation population who can impained cortices soluted to mental hash darine for measurement ratios. Number of branchine in the documentation population who used intensive subjected and partial branchine survivors soluted to mentallistable during the measurement point of partial branchine survivors soluted to mentallistable during the measurement point.	to Milestone 3	CMS-contrasted CMS-contrasted	Other monthly and quarterly metrics	China	Mosth	Quarterly	Required Required	v	65912922-64(6/292) 65912922-64(6/292)	Secretary Secretary	Consisted	v		N		
14	Manial Health Services Citization- Intensity Outpetient and Partial Hountalisation	Number of heroficianes in the dominociolan population who used intento migulated auto- partial hospitalisation sociace related to montalihealth during the measurement period	w Mánhau I	Citivonstrated	metrics Other monthly and quarterly metrics Other monthly and quarterly	Class	Month	Quarterly	Repired	,	6591202-64(6/202)	Secretary	Incom	ř.				
13	Montalitically Nevenues Chination - Outselford	Number of hencils areas in the demonstrator population who and outputsed services relative to postal health during the management areas?	d Máriau I		Other monthly and quarterly metrics Other monthly and quarterly	Claim	Month	Quately	Repired	Y Y	65912922-64(6/202) 65912922-64(6/202)	Document	Ducease	v v		N N		
17	ED Montellically Services Utilisation -	consists for mental health during the measurement norical. Number of hearth insists in the demonstration population who small tabbackh services related	d Mileston I	CMScontrated	Other monthly and quarterly	Claim	Month	Quarterly	Repired	v	65912922-6476/2023		Increase	v		N		
18	Takhodh Mastalifiodh Services Utilistics	to mental health darine the measurement second. Number of hearth cases in the demonstration population who used any services related to	Milestone 3	CMS-contrasted	Other monthly and quarterly	Claim	Mosh	Quarterly	Regired	¥	65/912922-64/90/2923	Secretaria	Income	Y		N		
19to	Average Longth of Stay in DMDs.	Message length of city (A.CO) for beneficiaries with Mill decharged from an imprinct or revisionted city in an DMD. Three rates are reported.	Mintee I	CMS-contracted	Other annual metrics	Claim State-specific IMD database	Year	Annaly	Repired	Y	65912922-64962923	No May Then 30 Days	No More Then 30 Days	Y		N		
10		Number of Kreak dates in the description profiled to the or company dependent description of the company of th	Maria I	Officentrated			W	Annaly	Required		400 000 44 04 000	V M - W - WA	NO More Than 10 Days	No.				
	(DMDs recoving FFP only)	revisional stay in an BED receiving federal fearnish participation (FIP). These rates are reported. • 11 (5) for all MFs and constitutes.		Carronnan	Contract to the	Claim State-specific IMD database		Aman	August .			No sales Falls Av Loys	NO MINE THAN 10 Large					
No.	Stanfeinin Wit WHISE Tours	recidented step is an BMP receiving fashest fearment participation (FPP). These sates are reported. - ALOS for all DMDs and populations - ALOS many development on the participation of the lateral scales for impaired or recidential frontiered for moved leads in an DMD during the reporting year.	Minter I	CMS-contrasted	Other annual metrics	China	Year	Annally	Required	v	51202-9192029	Secretary	Consistent	v		N.		
	an IMD for Montal Health	residential treatment for mostal health in an IMD storing the reporting year							1									
21	Count of Resolutions With SMESSED Execution	Number of herefeliation in the domentication population during the measurement period and/or in the 11 months before the measurement and/or	Mikotau 6	CMS-contrasted	Other monthly and quarterly metrics Other annual metrics	Claims	Mosh	Quartely	Repired	Y	65912922-6476/2923 65912922-6476/2923	Secretar	Excesse Excesse	V		N		
23	(areas) Diabetes Care for Provide with Serious	and/or in the 12 months before the measurement norical Percentage of boards before the measurement norical Percentage of boards area. Bt to 75 with a surious montal disease and dashetes (tone 1	Milesten 6	Established station recent	or Annual matrice that are an established quality measure	Claim	Year	Assuly	Region	· ·	66912022-12312022	Increase	Consistent	· ·		N N		
	Montalillacon Homoglobia Alta (Histoli) Pase Cantrali (19.0%) (HIPCMI-ADE	evoluted intention of or month basis on MSS sharing the reporting year. Number of basis for the demonstration of the control																
24	Suscessing for Depression and Fellers on Plant Ago 18 and Office (CDF-AD)	p Proceedings of hose-finiterior age 18 and older sourcead for depression on the date of the secondate or 14 days prior to the date of the secondary using an age appropriat standardized depression screening tool, and of position, a follow-up plan is documented on the date of the	Miketana 6 al	Established quality means	are Annual matrics that are an established quality measure	Claim Medical records	Year	Annaly	Recommended	Y	66/01/2022-12:91/2022	Secretaria	Secretar	v		N		
26	Successing the Department and Follow or Plant Asses 12 to 17 (CDF-CH)	childs measures Presentings of homefactures ages 12 to 17 second for depression on the data of the encounter or 16 days prior to the data of the encounter using an age appropriate standardize depression accoming tool, and of position, a follow up plan is discussed on the data of the	Milestone 6	Established quality means	no Annual matrics that are an established quality measure	Chies Electronic medical recon	Year	Assaily	Recommended	N	51302419303			Y	Waiter is appeared for adults ages 21-64	N		
							Vere	Annalt	Bassian I	v	44812972-12012972	-	Secretary .	v				
70	Health Services for Medicaid Branchises with SMI Mathelia Medicains for Children and	and allottery or proventive cases with theiring the measurement period. Decreations of children and adulationate name I to 17 order had two or more national-basis.	Mileton 6		or Annual matrice that are an established quality measure as Annual matrice that are an		Vers	Assessite	Renired	v	66912022-12912022		Consistent	v	Water is amortiod for adults pass 21-64			
	Addresseds on Antipopulation	prescriptions and had excluded testing. These sates are reported. Prescription of children and adolescents on antipopulation who received bland places testing. Prescription of children and adolescents on antipopulation who received bland places testing.			no Annual moteles that are an established quality measure													
		The personage of Medical Beneficiality and 19 January or this with Medical has been accelerately as present as with admit give measurement pound. Forming of Admits and Admits and a Medican large 1 to 17 to 16 and 10 on more antiquished. Forming of Admits and Admits and 19 January on the 19 January of Admits and admits and manifest points with an accelerately land give no trial. Personage of Admits and admits and manifest points with a social blend given as admits and admits a manifest points when we retain Medical givens and admits and admits a manifest points when we retain Medical givens and admits and admits a manifest point and admits																
30	Follow-Up Case for Adult Medicald Browlession Who are Newly	Persontage of new antipopolatic processions for Medicald hearthcircles who must the fidness question. "que If System and silks, and vamplisted a follow-pe silk with a possible milt processing antibody within four works. (2) Associated anti-order of a networksets in model for the control of the control	Milestone 6	Established quality means	or Annual matrics that are on established quality measure	Claim	Veer	Annally	Repired	Y	66/91/2022-12/91/2022	Secure	Increase	Y		N		
	Proscribed as Antipsychotic Medicatio	 -upp 18 years and elike, and -completed a follow-up visit with a provider with processing authority within four words. (28 density of accordance of an authorithois mode atom. 	k															
32	Total Costs Associated With Montal Health Services Among Bomfiniaries With SMESELD - Not Inputions or Residential	The same of all Medicaid spending for montal health nervices not in inpution or needlessial sattings sharing the measurement period	Other SMISSED matrics	CMS-contracted	Other annual metrics	Claim	Year	Annaly	Required	Y	6591202264962023	Secreta	Consistant	Y	The specing reports for Month II, III and III are based as follows Medicalities for cereal [FFI] removement: Prison onto, specing for reparter, for the control of the property of the propert	N		
	Residential														for injustees, outputient and emergency department expenditures represent the base FPS fee schedule and exclude Hospital Access			
															payment, maxima majoramental payments made outside of the claims data for impatient and outputment biogital (including emergency department for impatient and outputment biogital (including emergency department			
															facilities. The sizes reported for pharmacy are gross of pharmacy relate consistent with budget neutrality reporting accounted in STC ST.c of the bosoned demonstration."			
30	Total Cents Associated With Mental Health Services Among Beneficiaries With SMESSED - Impatient or Residential	The samed all Medical costs for mostal health services in impatient or residential settings during the measurement period	Other SMISED matrice	CMN contrasted	Other annual metrics	Claim	Year	Annaly	Regired	Y	65912022-64362023	Consistent	Decrease	Y	"The spending reported for Metrics IX, IX and IX are based on Alabama Medicardine for service (FTS) revolutionment. Proper note, spending	N		
	With SNE/SED - Impatient or Revolution														for inpatient, outpatient and emergency department expenditures			
															payments into the respect to the control and to the approved upper payment limit cupplemental payment made outside of the claims data for injusted and outputient bookstall (including emergency department to the control and the cont			
															for injusteest and outputient hospital (including emergency department facilities. The suits reported for pharmacy are gross of pharmacy relate			
															approved demonstration."			
34	Per Capita Cents Associated With Montalifically Services Among Browleinien With SMESED - Not	Per capits costs for non-injuriest, non-residential corriers for mattel health, among bounds usins in the demonstration population during the nonansemost pointed	Other SMESED matrices	CMS-contracted	Other annual metrics.	Claim	Year	Assembly	Repired	Y	6591 2022 64/9/2023	Secretar	Eminuse	Y		N		
36	Institut or Residential Per Capita Cents Associated With Montalifically Services Associa	Per capita costs for inputient or residential nervices for mental health among beneficiaries in the descentation population during the measurement period	Other SMISED matrices	Officentrated	Other annual metrics	Claim	Year	Assauly	Repired	Y	6591 2022 64/95/2023	Consisted	Duaren	v		N		
26	or Residential Georges Related to Services for	Number of primarcos filed during the measurement point that are related to corridor for	Other SMISSED matrices	CMN-contrasted	Gairvances and appeals	Administrative records	Dueter	Quarterly	Required	v	6581202246362071	Consistent	Dorrers	Y		N		
27	SMESSED Appeals Related to Services for	SMISSED Number of appeals field during the measurement excited that are related to a review.	Oler SMISED metrics	Citivostrated	Coircuscos and armedy	Administrative records	Ounter	Quarterly	Region	Y	65912022-64902023	Consistent	Decrease	y		N		
38	SMR SED Critical Incidents Related to Services	SMESSED Number of opposits filed during the resourcement period that are related to services for SMESSED Number of opposits filed during the resourcement period that are related to services for SMESSED. Number of oriental incidents, filed during the resourcement period that are related to services for SMESSED.	Other SMESSED matrices	CMS-contracted	Giavances and appeals	Administrative records	Quater	Quarterly	Repired	v		Domina	Decrease	v.		N		
39	for SMESSED Total Contr. Associated With Treatment for Montal Houlk in an IMD Associated Beneficiaries With SMESSED	for SMISED Nameber of critical incidents filed during the measurement point that are related to corrieous and control of the control of the second of the control of the second of the	Other SMESSED matrices	CMS-contracted	Other annual metrics	Claim	Year	Annaly	Repired	Y	65912022-64962023	Secreta	Consistent	y	"The opending reported for Metrics, SS, SS and SR are based on Alabama	N		
	in model Holls was ME Among Branchises With SMESSED	and designated													Medical fee for service (1915) reimbursement. Please note, spending for inpatient, outpotient and emergency department expenditures.			
															represent the base PPS fee schedule and exclude Hospital Access payments. Alabama Hospital Access payments are Chiff approved upper			
															"The specialty exported for Monick SS, SE and SE are based as follows Medicalities for central SPSS (ministrates of Phisos central, Sections, specialing for supported in the speciality of the			
	Per Carlo Carlo Associated W ¹⁰	Per carita Medicaid costs for beneficiaries in the Assessmenton considerior section 2.	Other SMISSPhanning	CMS-contrasted	Other assess I matrice.	Claim	Year	Assaly	Required	Y	6591202244367NP1	Secretary	Consider	y	wronewi with budget neutrality reporting absoluted in 17C 17.c of the approved demonstration."	N		
	Treatment for Montal Health in an IME Among Branch series With SMESSED	Per capite Medicaid costs for boxefe intex in the demonstration population who had claims I for inpulsed or residential treatment for mental health in an IMD during the experting year							1									
Q1	Connecting behavioral and and mental health providers health information embrane (ISS)	Present of total impatient psychiatric facilities connected to HIS	Health IT	State-specific	Other annual metrics	HII des	Year	Annally	Required	Y		Secretaria	Increase			N		
92	edisferral is a small - closed imp referral services for consultation	Persont of relaxed and/or consultations that resulted in completed narricos.	HolbiT	State-specific	Other annual metrics.	HIE data	Year	Annally	Required	Y	85912922-64/9/2923	Secretary	Emissate			N		
03	Care management/recovery	Percent of hospitals that were electronic abots of hospitals specifies or emergency department visits to care provident and of hospitals that have also tronic abot capability in the hosbit FF modules.	Hodb IT	State-specific	Other annual metrics.	HIE data	Year	Annally	Repirel	Y	65912922-6496/2923	Висемер	Increase			N		
State specific metrics															-			•

Medicaid Section 1115 SMI/SED Demonstrations Monitoring Protocol (Part A) - SMI/SED definitions (Version 3.0)

State Alabama

Demonstration Name "Institutions for Mental Disease Waiver for Serious Mental Illness" (Project Number 11-W-00371/4)

Table: Serious Mental Illness and Serious Emotional Disturbance Definitions

Narrative description of the SMI/SED demonstration population

Alabama Medicaid enrollees eligible for a mandatory or optional eligibility group approved for full Medicaid coverage, between the ages of 21-64, will be eligible for acute inpatient stays in an IMD under the demonstration

Alabama Medicala enrollees eligit	ole for a mandatory or optional eligibility group approved for full Medicaid c Serious Mental Illness (SMI)	overage, between the ages of 21-64, will be eligible for acute inpatient stays
Narrative description of how the state defines the population for purposes of monitoring (including age range, diagnosis groups, and associated service use requirements)		See SMI example for format and required information
Codes used to identify population ^b States may use ICD-10 diagnosis codes or state-specific treatment, diagnosis, or other types of codes to identify the population. When applicable, states should supplement ICD-10 codes with state-specific codes.	The state will be utilizing the revenue code 124 for inpatient claims associated with this waiver. Revenue code 124 was created solely for the purpose of the SMI Waiver Demonstration. Quality measures will be examined retrospectively utilizing the revenue code that was assigned to this project, which will identify all SMI participants.	See SMI example for format and required information
Procedure (e.g., CPT, HCPCS) or revenue codes used to identify/define service requirements ^b If the state is not using procedure or revenue codes, the state should include the data source(s) (e.g., state-specific codes) used to identify/define service requirements.	Revenue code 124	See SMI example for format and required information

Serious Mental Illness (SMI)

^aThe examples are based on a definition of SMI from the National Committee for Quality Assurance (NCQA). The examples provided are intended to be illustrative only. The example codes provided are not comprehensive.

^bStates may choose to include codes as separate tabs in this workbook.

Table: Serious Mental Illness and Serious Emotional Disturbance Planned Subnonulation

Table: Serious Mental Illne	ss and Serious Emotional Disturbance	Planned Subp	opulations								
	Planned subpe	opulation reporting				Alignment with CMS-provided technical specifications manual					
						Attest that planned	Subpopulations		Relevant metrics		
Subpopulation category	Subpopulations	Reporting priority	Relevant metrics	Subpopulation type	State will report (Y/N)	subpopulation reporting within each category matches the description in the CMS- provided technical specifications manual (Y/N)	If the planned reporting of subpopulations does not match (i.e., column G = "N"), list the subpopulations state plans to report (Format comma separated)****	Attest that metrics reporting for subpopulation category matches CMS-provided technical specifications manual (Y/N)			
EXAMPLE:	EXAMPLE:	EXAMPLE:	EXAMPLE:	EXAMPLE:	EXAMPLE:	EXAMPLE:	EXAMPLE:	EXAMPLE:	EXAMPLE:		
Age group (Do not delete or edit this row)	Children (Age<16), Transition-age youth (Age 16-24), Adults (Age 25-64), Older adults (Age 65+)	Required	Metrics #11, 12, 13, 14, 15, 16, 17, 18, 21, 22	CMS-provided	Y	N	Children/Young adults (ages 12-20), Adults (ages 21-65)	N	11, 12, 13, 14		
Standardized definition of SMI ^d	Individuals who meet the standardized definition of SMI	Required	Metrics #13, 14, 15, 16, 17, 18, 21, 22	CMS-provided	Y	Υ	Adults (ages 21-64)	Y			
State-specific definition of SMI	Enrollees eligible for a mandatory or optional eligibility group approved for full Medicaid coverage, between the	Required	Metrics #13, 14, 15, 16, 17, 18, 21, 22	State-specific	Y	Y	Adults (ages 21-64)	Y			
Age group	Children (Age<16), Transition-age youth (Age 16-24), Adults (Age 25-64), Older adults (Age 65+)	Required	Metrics #11, 12, 13, 14, 15, 16, 17, 18, 21, 22	CMS-provided	Y	Y	Adults (ages 21-64)	Y			
Dual-eligible status	Dual-eligible (Medicare-Medicaid eligible), Medicaid only	Required	Metrics #13, 14, 15, 16, 17, 18, 21, 22	CMS-provided	Y	Y	Adults (ages 21-64)	Y			
Disability	Eligible for Medicaid on the basis of disability, Not eligible for Medicaid on the basis of disability	Recommended	Metrics #13, 14, 15, 16, 17, 18, 21, 22	CMS-provided	N		The state is reporting on metrics approved by CMS for the purpose of the SMI demonstration.				
Criminal justice status	Criminally involved, Not criminally involved	Recommended	Metrics #13, 14, 15, 16, 17, 18, 21, 22	CMS-provided	N		The state is reporting on metrics approved by CMS for the purpose of the SMI demonstration.				
Co-occurring SUD	Individuals with co-occurring SUD	Recommended	Metrics #13, 14, 15, 16, 17, 18, 21, 22	CMS-provided	N		The state is reporting on metrics approved by CMS for the purpose of the SMI demonstration.				
2. 3	Individuals with co-occurring physical health conditions	Recommended	Metrics #13, 14, 15, 16, 17, 18, 21, 22	CMS-provided	N		The state is reporting on metrics approved by CMS for the purpose of the SMI demonstration.				
State-specific subpopulations											
[Insert row(s) for any state-specific subp	opulation(s)] "										

If the state is not reporting a required subpopulation category (i.e., column F ~ N°), enter explanation in corresponding row in column II.

If the state is not reporting on the Dual-dipble states subpopulation category, the state should use column II to outline its subpopulation identification approach as explained in Version 40 of the Medicaid Section 1115 Serious Mental Illness and Serious Emotional Disturbance Demonstrations Monitoring Protocol Instructions.

⁶ If the state is planning to phase in the reporting of any of the subpopulation categories, the state should (1) select N in column G and (2) provide an explanation and the report (SMISED DY and Q) in which it will begin reporting the subpopulation category in column H.

d "Standardized definition of SMI" and "State-specific definition of SMI" are included within the list of subpopulation categories because the state should report on these populations separately from the "Demonstration reporting" calculation for certain metrics. The state should reference Version 4.0 of the Medicaid Section 1115 Serious Metall Bless and Serious entirolium Disturbance Demonstrations: Technical Specifications for Monitoring Metrics for detailed descriptions on calculating metrics according to the standardized and state-specific definitions of SMI.

^{*}Any state that claim federal financial participation (FFF) for services provided in Qualified Residential Treatment Programs (QRTPs) that are MDs should add QRTPs that are MDs as a state-specific subpopulation in nove 15. Specificily, the state should note "QRTPs that are MDD" in column A. "Individuals treated within QRTPs that are MDD" in column B. and "Metrice 45% and 36% in column B.".

 Medicaid Section 1115 SMISED Demonstrations Monitoring Protocol (Part A) - Reporting schedule (Version 3.9)

 State
 Alabama

 Demonstration Name
 "Institutions for Mental Disease Waiver for Serious Mental Illness" (Project Number 11-W-00371/4)

Instructions:

In the reporting periods input table [Table 1], use the prompt in column A to enter the requested information in the corresponding row of column B. All monitoring report names and reporting periods should use the format DYRQF or CYF and all dates should use the format MM DDYYYY with no spaces in the cell. The information entered in these cells will auto-populate the SMISED demonstration reporting schedule in Table 2. All cells in the input table must be completed in entirety for the standard reporting schedule to be accurately auto-

(2) Review the state's reporting schedule in the SMI/SED demonstration reporting schedule table (Table 2). For each of the reporting categories listed in column F, select Y or N in column H, 'Deviations from standard reporting schedule (Y/N)' to indicate whether the state plans to report according to the standard reporting schedule. If a state's planned reporting schedule for any quarter and/or reporting category (i.e. column H= "Y"), the state should describe these deviations in column I, 'Explanation for deviations (frolumn H="Y")" and use column J, "Proposed deviation in measurement period from standard reporting schedule in column G," to indicate the SMI/SED measurement periods with which it wishes to overwrite the standard schedule (column G). All other columns are locked for entiring and should not be altered by the state.

Table 1. Serious Mental Illness and Serious Emotional Disturbance Reporting Periods Input Table

	00.1	Demonstration reporting periods/dates
Dates of first SMI/S year:	ED demonstration	
	Start date	05/20/2022
	End date	05/19/2023
Dates of first quarte	r of the baseline	
period for CMS-con	structed metrics:	
	(SMI/SED DY and	
	Q)	DY101
	(Format DY#Q#;	Diiqi
	e.g., DY1Q1)	
	Start date	06/01/2022
	End date	08/31/2022
Broader section 111		
first SMI/SED renor	responding with the	
applicable. If there i		DY1Q1
demonstration, fill in		
reporting period.		
(Format DY#Q#; e.4	p., DV3O1)	
First SMI/SED mon		
date (per STCs)		10/31/2022
(MM/DD/YYYY)		
First SMI/SED mon	itoring report in	
which the state plan	s to report annual	
metrics that are esta	blished quality	
measures (EQMs):		
	EQMs	CY2022
	(Format CY#; e.g.,	C12022
	SMI/SED DY and	
	Q associated with	
	monitoring report	DY2Q1
	(Format DY#Q#;	
	e.g., DY1Q1)	
	SMI/SED DY and	06/01/2023
	Q start date	
	SMI/SED DY and O end date	08/31/2023
Dates of last SMI/SF		
quarter:	ar reporting	
quarter.	Start date	03/01/2027
	End date	05/31/2027
	riid date	03/31/2027

Table 2. Serious Mental Illness and Serious Emotional Disturbance Demonstration Reporting Schedule

SMI/SED reporting quarter start date (MM/DD/YYYY)	SMI/SED reporting quarter end date (MM/DD/YYYY)	Monitoring report due (per STCs) (MM/DD/YYYY)	Broader section 1115 reporting period, if applicable; else SMI/SED reporting period (Format DY#Q#; e.g., DY1Q3)	SMI/SED reporting period (Format DY#Q#; e.g., DY1Q3)	Reporting category	For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY6Q)s: c.g., DY1Q3)* SMISED	schedule (Y/N)	Explanation for deviations (if column H="Y")	Proposed deviation in measurement period from standard reporting schedule in column G (Format DV#Q#; e.g., DY1Q3)
06/01/2022	08/31/2022	10/31/2022	DYIQI	DY1Q1		DYIQI		N	
						DYIQI		N	
					Other monthly and quarterly metrics			N	
					Annual availability assessment		N	N	
					Annual metrics that are established quality		N	N	
					measures		.,		
					Other annual metrics			N	
09/01/2022	11/30/2022	01/29/2023	DY1Q2	DY1Q2		DY1Q2		N	
						DY1Q2		N	
						DYIQI		N	
					Annual availability assessment		N	N	
					Annual metrics that are established quality		N	N	
					measures			IN .	
					Other annual metrics			N	
12/01/2022	02/28/2023	04/29/2023	DY1Q3	DY103		DY1Q3		N	
						DY1Q3		N	
					Other monthly and quarterly metrics	DY1Q2		N	
					Annual availability assessment		N	N	
					Annual metrics that are established quality		N.	N	
					measures		N	N	
					Other annual metrics			N	
03/01/2023	05/31/2023		DY104			DY1Q4		N	
						DY1Q4		N	
						DY1Q3		N	
					Annual availability assessment	AA1	N	N	
					Annual metrics that are established quality		N	N	
					measures		N .	N	
					Other annual metrics			N	
06/01/2023	08/31/2023	10/30/2023	DY2Q1	DY2Q1		DY2Q1		N	
						DY2Q1		N	
						DY1Q4		N	
					Annual availability assessment		N	N	
					Annual metrics that are established quality measures	CY2022	N	N	
						DYI	N	N	
09/01/2023	11/30/2023	01/29/2024	DY2Q2	DY202		DY2Q2		N	
0,701,2023	11,300,2023	01/2/2024	21202	2.101		DY2Q2		N	
						DY2Q1		N	<u> </u>
				A	Annual availability assessment	DIZQI		N N	
					Annual availability assessment Annual metrics that are established quality		IN I	IN .	
					Annual metrics that are established quality measures		N	N	

Table 2. Serious Mental Illness and Serious Emotional Disturbance Demonstration Reporting Schedule

Table 2. Serious Mental I	llness and Serious Emotiona	al Disturbance Demonstrati	on Reporting Schedule					
			1 3					
						For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY#Q#; e.g., DY1Q3) ^b SMISED		B
SMI/SED reporting quarter start data	SMI/SED reporting quarter and date	Monitoring report due (per STCs) (MM/DD/YYYY)	Broader section 1115 reporting period, if applicable; else SMI/SED reporting period (Format DY#Q#; e.g., DY1Q3)	SMI/SED reporting period		schodule (Format DV#O#-e.g. DV1O3) ^b	Deviation from standard reporting schedule Evaluation for deviations	Proposed deviation in measurement period from standard reporting schedule in column G
(MM/DD/YYYY)	SMI/SED reporting quarter end date (MM/DD/YYYY)	(MM/DD/YYYY)	(Format DY#Q#; e.g., DY1Q3)	SMI/SED reporting period (Format DY#Q#; e.g., DY1Q3)	Reporting category	SMI/SED	schedule Explanation for deviations (Y/N) (if column H="Y")	(Format DY#Q#; e.g., DY1Q3)
					Other annual metrics		N N	
12/01/2023	02/29/2024	04/29/2024	DY2Q3	DY2Q3	Narrative information	DY2Q3 DY2Q3	N N	
					Orievances and appeals Other monthly and quarterly metrics	DY2Q2	N N	
					Annual availability assessment		N N	
					Annual metrics that are established quality		N N	
					measures			
03/01/2024	0.0000	00.00.000	W1000	D71001	Other annual metrics	W. 1940 4	N N	
03/01/2024	05/31/2024	08/29/2024	DY2Q4	DY2Q4	Narrative information Grievances and appeals	DY2Q4 DY2O4	N N	
					Other monthly and quarterly metrics	DY203	N N	
					Annual availability assessment	AA2	N N	
					Annual metrics that are established quality		N N	
					measures		N N	
06/01/2024	08/31/2024	10/30/2024	DY3Q1	DY3Q1	Other annual metrics Narrative information	DY3Q1	N N	+
					Grievances and appeals	DY3Q1	N N	
					Other monthly and quarterly metrics	DY2Q4	N N	
					Annual availability assessment		N N	
					Annual metrics that are established quality measures	CY2023	N N	
					Other annual metrics	DY2	N N	
09/01/2024	11/30/2024	01/29/2025	DY3Q2	DY3Q2	Narrative information	DY3Q2	N N	
					Grievances and appeals	DY3Q2	N N	
					Other monthly and quarterly metrics	DY3Q1	N N	
					Annual availability assessment Annual metrics that are established quality		N N	+
					Annual metrics that are established quality measures		N N	
					Other annual metrics		N	
12/01/2024	02/28/2025	04/29/2025	DY3Q3	DY3Q3	Narrative information	DY3Q3	N N	
					Grievances and appeals	DY3Q3	N N N	+
					Other monthly and quarterly metrics Annual availability assessment	DY3Q2	N N	+
					Annual metrics that are established quality			
					measures		N N	
					Other annual metrics		N N	
03/01/2025	05/31/2025	08/29/2025	DY3Q4	DY3Q4	Narrative information	DY3Q4 DY3Q4	N N	
					Grievances and appeals Other monthly and quarterly metrics	DY3Q4 DY3O3	N N	
					Annual availability assessment	AA3	N N	
					Annual metrics that are established quality		N N	
					measures			
0.004.004.0			******	marine a	Other annual metrics	Parties	N N	
06/01/2025	08/31/2025	10/30/2025	DY4Q1	DY4Q1	Narrative information Grievances and appeals	DY4Q1 DY4Q1	N N N	
					Other monthly and quarterly metrics	DY3Q4	N N	
					Annual availability assessment		N N	
					Annual metrics that are established quality	CY2024	N N	
					measures			
09/01/2025	11/30/2025	01/29/2026	DY4Q2	DY4Q2	Other annual metrics Narrative information	DY3 DY4Q2	N N N	
09/01/2023	11/30/2023	01/29/2026	D14Q2	D14Q2	Grievances and appeals	DY402	N N	
					Other monthly and quarterly metrics	DY4Q1	N N	
					Annual availability assessment		N N	
					Annual metrics that are established quality		N N	
					Measures Other annual metrics		N N	
12/01/2025	02/28/2026	04/29/2026	DY4Q3	DY4Q3	Narrative information	DV403	N N	
		04.2.0.20		5.40	Grievances and appeals	DY4Q3 DY4Q3	N N	
					Other monthly and quarterly metrics	DY4Q2	N N	
					Annual availability assessment		N N	
					Annual metrics that are established quality		N N	
					measures Other annual metrics		N N	
03/01/2026	05/31/2026	08/29/2026	DY4Q4	DY4Q4	Narrative information	DY4Q4	N N	
					Grievances and appeals	DY4Q4	N N	
					Other monthly and quarterly metrics	DY4Q3 AA4	N N	+
					Annual availability assessment Annual metrics that are established quality	AAH		
					measures		N N	
					Other annual metrics		N N	
06/01/2026	08/31/2026	10/30/2026	DY5Q1	DY5Q1	Narrative information	DY5Q1 DY5Q1	N N	
					Other monthly and quarterly metrics	DY3QI DY4Q4	N N N	+
					Annual availability assessment	D. Tage	N N	
					Annual metrics that are established quality	CY2025	N N	
					measures			
00001 20004	11702004	01/20/2027	DVCC	DVEGO	Other annual metrics	DY4	N N	+
09/01/2026	11/30/2026	01/29/2027	DY5Q2	DY5Q2	Narrative information Grievances and appeals	DY5Q2 DY5Q2	N N	
					Other monthly and quarterly metrics	DY5Q1	N N	
					Annual availability assessment		N N	
					Annual metrics that are established quality		N N	
					measures		N N	
12/01/2026	02/28/2027	04/29/2027	DY5Q3	DY5Q3	Other annual metrics Narrative information	DV503	N N N	+
12012020	02.20.2027	UNIVERSEL I	31303	5.50	Grievances and appeals	DY5Q3 DY5Q3	N N	
					Other monthly and quarterly metrics	DY5Q2	N N	
					Annual availability assessment		N N	
					Annual metrics that are established quality		N N	
					measures Other annual metrics		N N	+
03/01/2027	05/31/2027	08/29/2027	DY5Q4	DY5Q4	Narrative information	DY5Q4	N N	†
					Grievances and appeals	DY5Q4	N N	
					Other monthly and quarterly metrics	DY5Q3	N N	
					Annual availability assessment	AA5	N N	
					Annual metrics that are established quality		N N	
					measures Other annual metrics		N N	
[Add rows for all additional demonstrati	ion reporting quarters]	•	+	•	•		'	
-	•							

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Table 2. Serious Mental Illness and Serious Emotional Disturbance Demonstration Reporting Schedule

	Monitoring report due	Broader section 1115 reporting period, if		For each reporting category, measurement period for which information is captured in monitoring report per standard reporting	2 Davistian from standard reporting		Proposed deviation in measurement period from
SMI/SED reporting quarter start date SMI/SED reporting quarter end date (MM/DD/YYYY) (MM/DD/YYYY)		applicable; else SMI/SED reporting period		schedule (Format DY#Q#; e.g., DY1Q3) ^b SMI/SED	schedule (Y/N)	Explanation for deviations (if column H="Y")	standard reporting schedule in column G (Format DY#Q#; e.g., DY1Q3)

*MINED demonstration start date: For monitoring purposes, CMS defines the start date of the demonstration is effective date issel in the state's STCs at time of SMINED demonstration approval. For example, if the state's STCs at time of SMINED demonstration is effective date is one-sidered to be the first day the state may begin in SMINED demonstration. In many case, the effective date is considered to be the first day the state may begin in SMINED demonstration. In many case, the effective date is considered to be the first day the state may begin in SMINED demonstration propoval. In many case, the effective date is first day the state may begin in SMINED demonstration propoval and the first day of the month in the first day of many case, the effective date to distinct from the approval example, if the state at least lead to the state at least at least lead to the first day of many case, the effective date to distinct from the approval example, with an effective date to distinct from the approval example, with an effective date of the first day of many case, the effective date to distinct from the dear state to begin in approval example, if a state's SMINED demonstration propoval. In addition, the state at least lead to the first day of the month, the state should list in start date as the first day of the month in which the effective date occurs. For example, if a state's effective date is listed a January 1, 2020 to the state should list in start date in Table 1 of the "SMI SED reporting schedule" that.

Please see Appendix A of the Monitoring Protocol Instructions for more information on determining demonstration quater times.

b The auto-populated reporting schedule in Table 2 outlines the data the state is expected to report for each SMI-SED demonstration year and quarter. However, the state is not expected to begin reporting any metrics data until after protocal approval. The state should see Section B of the Monitoring Report Instructions for more information on retrospective reporting of data following protocal approval.

AAS rife to the Annual Assessment of the Availability of Mental Bealth Services ("Armual Availability Assessment that will be submitted with the state's annual monitoring report for SMISED DV in which Annual Availability Assessment that will be submitted with the state's annual monitoring report for SMISED DV). Data in each Annual Availability Assessment that will be submitted with the state's annual monitoring report for SMISED DV). Data in each Annual Availability Assessment that will be submitted with the state's annual monitoring report for SMISED DV). Data in each Annual Availability Assessment that will be submitted with the state's annual monitoring report for SMISED DV). Data in each Annual Availability Assessment that will be submitted with the state's annual monitoring report for SMISED DV). Data in each Annual Availability Assessment that will be submitted with the state's annual monitoring report for SMISED DV). Data in each Annual Availability Assessment that will be submitted with the state's annual monitoring report for SMISED DV). Data in each Annual Availability Assessment that will be submitted with the state's annual monitoring report for SMISED DV). Data in each Annual Availability Assessment that will be submitted with the state's annual monitoring report for SMISED DV). Data in each Annual Availability Assessment that will be submitted with the state's annual monitoring report for SMISED DV.