

**Medicaid Section 1115 Serious Mental Illness and Serious
Emotional Disturbance Demonstrations
Monitoring Report Template**

The Centers for Medicare & Medicaid Services (CMS) customized the Monitoring Report Template (Version 3.0) to support Alabama’s retrospective reporting of monitoring data for its section 1115 serious mental illness and serious emotional disturbance (SMI/SED) demonstration. The state should use this customized template to report on retrospective metric trends as requested in the Monitoring Report Instructions (p. 17 of Version 3.0). This template was customized for retrospective reporting in the following ways:

- *Added footnote C to the title page in section 1*
- *The prompts in section 3 that requested implementation updates were removed.*
- *Section 4 (Narrative information on other reporting topics) has been removed entirely.*

Note: PRA Disclosure Statement to be added here

1. Title page for the state’s serious mental illness and serious emotional disturbance (SMI/SED) demonstration or the SMI/SED component of the broader demonstration

The state should complete this title page at the beginning of a demonstration and submit as the title page for all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.

State	<i>Alabama</i>
Demonstration name	<i>Institutions for Mental Disease Waiver for Serious Mental Illness (Project Number 11-W-00371/4)</i>
Approval period for section 1115 demonstration	<i>05/20/2022-05/19/2027</i>
SMI/SED demonstration start date^a	<i>05/20/2022</i>
Implementation date of SMI/SED demonstration, if different from SMI/SED demonstration start date^b	<i>05/20/2022</i>
SMI/SED (or if broader demonstration, then SMI/SED-related) demonstration goals and objectives	<ol style="list-style-type: none"> <i>1. Reduced utilization and lengths of stay in emergency departments among Medicaid beneficiaries with SMI while awaiting mental health treatment in specialized settings;</i> <i>2. Reduce preventable readmissions to acute care hospitals and residential settings;</i> <i>3. Improve availability of crisis stabilization services including services made available through call centers and mobile crisis units, intensive outpatient services, as well as services provided during acute short-term stays in residential crisis stabilization programs, psychiatric hospitals, and residential treatment settings throughout the state;</i> <i>4. Improve access to community-based services to address the chronic mental health care needs of beneficiaries with SMI including through increased integration of primary and behavioral health care; and</i> <i>5. Improve care coordination, especially continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities.</i>
SMI/SED demonstration year and quarter^c	<i>SMI/SED DY1Q1 – SMI/SED DY1Q3</i>
Reporting period^c	<i>06/01/2022-02/28/2023</i>

^a **SMI/SED demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at time of SMI/SED demonstration approval. For example, if the state’s STCs at the time of SMI/SED demonstration approval note that the SMI/SED demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SMI/SED

demonstration. Note that the effective date is considered to be the first day the state may begin its SMI/SED demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on December 15, 2020, with an effective date of January 1, 2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

^b **Implementation date of SMI/SED demonstration:** The date the state began claiming or will begin claiming federal financial participation for services provided to individuals in institutions for mental disease.

^c **SMI/SED demonstration year and quarter, and reporting period.** The demonstration year, quarter, and calendar dates associated with the monitoring reports in which the metric trends would have been reported according to the reporting schedule in the state’s approved monitoring protocol. For example, if the state’s first monitoring report after monitoring protocol approval is its SMI/SED DY2Q2 monitoring report, the retrospective reporting period is considered SMI/SED DY1Q1 through SMI/SED DY2Q1.

2. Executive summary

The executive summary should be reported below. It is intended for summary-level information only. The recommended word count is 500 words or less.

On May 20, 2022, the state of Alabama implemented the Serious Mental Illness (SMI) portion of the demonstration.

In this demonstration, the Alabama Medicaid Agency (AMA) will maintain and enhance access to mental health services and continue delivery system improvements for these services to provide more coordinated and comprehensive treatment of Medicaid beneficiaries with Serious Mental Illness (SMI). This demonstration will provide AMA with the authority to provide high-quality, clinically appropriate treatment to beneficiaries with SMI while they are short-term residents in residential and inpatient treatment settings that qualify as Institutions for Mental Disease (IMD) in Baldwin and Mobile counties for Medicaid-eligible individuals ages 21-64 diagnosed with SMI.

Although reimbursement is limited to this region, Medicaid enrollees in need of inpatient behavioral health services will be able to access services via the IMDs participating in the demonstration, regardless of their county of residence. It will also support state efforts to enhance provider capacity and improve access to a continuum of treatments for SMI.

3. Narrative information on implementation, by milestone and reporting topic

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1. Ensuring Quality of Care in Psychiatric Hospitals and Residential Settings (Milestone 1)			
1.1. Metric trends			
1.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.	X	<i>*EXAMPLE: #20: Beneficiaries with SMI/SED treated in an IMD for mental health</i>	<i>*EXAMPLE: The number of beneficiaries with SMI/SED who were treated for mental health in an IMD decreased by 5% due to an increase in crisis stabilization services in the state.</i>
2. Improving Care Coordination and Transitions to Community-Based Care (Milestone 2)			
2.1. Metric trends			
2.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2.	X		
3. Access to Continuum of Care, Including Crisis Stabilization (Milestone 3)			
3.1. Metric trends			
3.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3.	X		
4. Earlier Identification and Engagement in Treatment, Including Through Increased Integration (Milestone 4)			
4.1. Metric trends			
4.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5. SMI/SED health information technology (health IT)			
5.1. Metric trends			
5.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics.			<p><i>The Metrics cited below are those reported from 5/1/2022 to 4/30/2023. The Metrics cited are as follows cited below are those reported from 5/1/2022 to 4/30/2023. The Metrics cited are as follows:</i></p> <ol style="list-style-type: none"> <i>1. Total# of ADTs received by Psychiatric Hospitals: 1273</i> <i>2. Total# of ADT Alerts distributed for Medicaid Recipients= 871</i> <i>3. Percentage of ADTs alerts initiated from the total of ADTs received= 68% (871/1273)</i> <p><i>The previous percentage prior to 5/1/2022 was 0%.</i></p>
6. Other SMI/SED-related metrics			
6.1. Metric trends			
6.1.1. The state reports the following metric trends, including all changes (+ or -) greater than two 2 percent related to other SMI/SED-related metrics.	X		

*The state should remove all example text from the table prior to submission.

Note: Licensee and state must prominently display the following notice on any display of Measure rates:

The MPT, FUH-CH, FUH-AD, FUA-AD, FUM-AD, AAP, and APM measures (#13, 14, 15, 16, 17, 18, 7, 8, 9, 10, 26, 29) are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided “as is” without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications.

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