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Medicaid Section 1115 Demonstration Monitoring Report

(Template Version 1.0)

Note: All cells of the monitoring report contain text to ensure digital accessibility and to comply with section 508 of the Rehabilitation Act; this text should not be removed or modified by the state.

The monitoring report is made up of the following tabs. Instructions for completing each tab can be found below:

1. Overview: The state should complete Table 1 (below), titled Demonstration Information.

2. Executive Summary: The state should provide an executive summary of the content of the monitoring report, including specific topics identified in the tab.

3. Implementation Updates: To track demonstration progress, the state should respond to the narrative prompts for each Reporting Topic, including policy-specific prompts that are relevant to the demonstration, or note "The state has no update to report."

4. Metrics: The workbook has one tab for Base metrics, one tab for each possible demonstration policy and a tab for state-specific metrics. The state should enter monitoring metric data for each metric. The state should explain metrics trends in the "Metric Trends and Explanation" column. The state is only expected to complete metrics tabs relevant to the demonstration.

5. Metrics Context: The state should use the Metrics Context tab to document reporting issues (such as delays in data availability), methodology information (such as state-specific codes the state used to calculate a metric), deviations from the technical specifications, and/or plans to phase in metrics, as applicable.

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Table 1. Demonstration Information	
State	Alabama
Demonstration Name	Community Waiver Program
Demonstration Year (DY)	DY4
Calendar Dates for DY	10/1/2024 - 09/30/2025

Note: Paperwork Reduction Act Disclosure Statement to be added here

end of worksheet

Executive Summary

Overview: Each state with an approved section 1115 demonstration is expected to utilize a monitoring report workbook to complete its monitoring reports, per the demonstration's STCs. In the monitoring report, the state will submit information on monitoring metrics, qualitative summaries of metrics trends, and implementation updates associated with waivers and expenditure authorities approved in its section 1115 demonstration. The state should contact its CMS demonstration team with any questions on the use of this workbook or submitting monitoring reports.

Executive Summary
This Executive Summary should provide a brief overview of the key achievements, highlights, challenges, and/or risks identified during the current reporting period. This section should also identify key changes since the last monitoring report, including the implementation of new program components; programmatic improvements (e.g., increased outreach or any beneficiary or provider education efforts); and/or any unexpected issues or changes (e.g., unexpected increases or decreases in demonstration eligibility and participation or beneficiary complaints, such as appeals and grievances, etc.). The recommended word count for this section is 1000 words or less.
The Community Waiver Program's (CWP) fourth year demonstration began with receipt of the interim evaluation of the first three years by the independent evaluator, Health Management Associates (HMA). The interim evaluation showed, of the five overarching goals of the demonstration, the CWP was determined to be making progress on three of the goals and making significant progress on two of the goals. While many other 1115 evaluations show mixed results, the State is pleased the CWP is showing consistent, positive results on these program goals. Overall, the conclusion of the independent evaluator was that the CWP is trending in the right direction in terms of HCBS costs, as well as emergency enrollment data, and the proportions of CWP participants utilizing self-direction, engaging in competitive integrated employment, and receiving a diversity of services. In addition, evidence demonstrates the CWP is effective in providing access, promoting independence, fostering community integration, preventing crises, and maintaining a stable provider network. In year four of the demonstration (Y4) efforts focused on continuing to implement the key strategies of the CWP to ensure ongoing cost-effectiveness. Through diligent attention to meeting participants' needs in the most cost-effective ways, the average HCBS cost per person was less than 40% of the average per-person cost of the legacy waivers. Consistent with the goals of keeping families together and serving individuals in the least restrictive setting that can meet their needs, only 22% of participants utilized group homes as compared to 62% in the legacy waivers. Additionally, with the focus on active habilitation leading to the ability to incrementally step-down supports over time, the average cost of group home placements was 13% lower in the CWP in Y4. In the face of fiscal constraints within the operating agency (ADMH/DDD), Y4 enrollments were limited to ensure sufficient program slots for emergencies, given that most available slots were filled as of 9/30/24. In demonstration year four (Y4), leadership targeted support to regions with lower performance on Support Coordination, where improvements in person-centered planning strategies were recommended, and where providers were facing more significant workforce shortages. Additionally, attention was given to quality issues with the two Financial Management Services Agencies (FMSAs) which led to a decision to contract only with a new FMSA starting in demonstration year five. Also, during Y4, the first amendment was prepared for CMS with the primary purpose of aligning eligibility criteria with the changes made in the legacy waivers and permitting legally responsible relatives and legal guardians to provide paid services to participants under certain circumstances. Leadership in the CWP and the operating agency also focused on minimizing risks related to the preservation of the positive outcomes from the CWP and developed a preliminary plan to scale those positive outcomes in a way that will further increase the cost-effectiveness of the entire waiver program for people with ID and substantially reduce administrative burden. The challenge of culture change continues to impact the success of the CWP. While the program's goals and design are forward-looking and aligned with best practices, they represent a significant departure from the legacy regional office operating model. As a result, alignment and integration have taken time as teams adapt to new expectations and

CMS = Centers for Medicare & Medicaid Services; STC = special terms and conditions.

End of worksheet

Implementation Updates

Prompt Number	Reporting Topic and Prompt
EXAMPLE: *1.3*	*EXAMPLE:* *Summarize other contextual factors (e.g., emergencies or disasters), initiatives (e.g., notable innovations), or state activity (e.g., system-wide Medicaid enrollment changes, stakeholder communications, and/or unexpected achievements or outcomes) that may accelerate or create delays in achieving the goals and objectives of the overall demonstration and its individual authorities. [The recommended word count is 200-300 words.]*
1	**Demonstration Operations and Policy.** Using the subsection prompts below, highlight critical demonstration implementation, operations, or policy considerations that might have affected (positively or negatively) eligibility and participation in demonstration programs, access to services, timely provision of services, or any other areas affecting beneficiaries. Summarize any related state activity that may have either a positive or negative effect on achieving the demonstration's approved goals or objectives.
1.1	Summarize implementation, operations, or policy considerations that may affect the demonstration or its beneficiaries, including eligibility and participation in the demonstration. [The recommended word count is 500 words.]
1.2	Describe activities under the below topics as they pertain to the demonstration:

Implementation Updates

Prompt Number	Reporting Topic and Prompt
1.2.1	Organizational, administrative, or service delivery changes. [The recommended word count is 200-300 words.]
1.2.2	
1.2.3	Legislative activities. [The recommended word count is 150-200 words.]
	Fiscal changes and related processes or definitions that would result in changes in access, benefits, populations, enrollment, etc. [The recommended word count is 150-200 words.]

Implementation Updates

Prompt Number	Reporting Topic and Prompt
1.2.4	
	Audit or investigation activity, including findings. [The recommended word count is 150-200 words.]
1.2.5	Litigation activities. [The recommended word count is 200-300 words].
1.3	Summarize other contextual factors (e.g., emergencies or disasters), initiatives (e.g., notable innovations), or state activity (e.g., system-wide Medicaid enrollment changes, stakeholder communications, and/or unexpected achievements or outcomes) that may accelerate or create delays in achieving the goals and objectives of the overall demonstration and its individual authorities. [The recommended word count is 200-300 words.]

Implementation Updates

Prompt Number	Reporting Topic and Prompt
2	**Data Infrastructure and Health IT.** Provide updates to data infrastructure, IT, or any other system changes or enhancements relevant to the demonstration, including any activities since the state's last update. Include information on system changes affecting demonstration eligibility and enrollment processing, MMIS, how IT is being used to support demonstration initiatives to identify and effectively treat and serve individuals in the demonstration, etc. In addition, include details on adoption and enhancement of IT systems to support data sharing between state Medicaid agencies, participating service providers and facilities, or partner entities assisting in the administration of the demonstration. Describe activities, challenges, and any remediation steps to establishing or maintaining the state's capacity for reporting key demographic data. [The recommended word count is 500 words.]
3	**Demonstration Evaluation.** Provide an update on evaluation efforts. The state should also provide CMS with any information on challenges related to executing the evaluation, such as independent evaluator procurement and data availability, completeness, and quality. The state should include similar updates, as applicable, for any other post-approval assessments (e.g., mid-point assessments or annual availability assessments). If applicable, the state should include an attachment to report the results of beneficiary satisfaction surveys conducted during the year. [The recommended word count is 400 words, not including any applicable attachment.]

Implementation Updates

Prompt Number	Reporting Topic and Prompt
4	**Post-Award Public Forum.** Provide a summary of the most recent annual post-award public forum indicating any resulting action items or issues. Include a summary of the public comments for the period during which the forum was held. [The recommended word count is 300 words.]

Implementation Updates

Prompt Number	Reporting Topic and Prompt
Policy-Specific Prompts	
[The following prompt is applicable to a demonstration with a DSHP and/or SDOH/HRSN policy.]	
5	**Provider Payment Rate Increase.** Attest that any required FFS and managed care provider rate increases for primary care services, obstetric care services, and behavioral health services, subject to the STCs, were at least sustained from, if not higher than, the previous year. [The recommended word count is 150 words.]
[The following prompt is applicable to a demonstration with a continuous eligibility policy.]	
6	**Collecting and Providing Eligibility Information for Beneficiaries who Qualify for Continuous Eligibility.** Describe successes and challenges related to activities to annually update beneficiary contact information, provide beneficiaries reminder of continued eligibility, verify beneficiary residency, and confirm that the beneficiary is not deceased, for all beneficiaries who qualify for a continuous eligibility period that exceeds 12 months. [The recommended word count for this section is 250 words.]
[The following prompts are applicable to a demonstration with an SMI/SED policy and any other relevant authorities per the STCs.]	
7	**SMI/SED MOE Funding Outpatient Community-Based Mental Health Services.** Provide the dollar amount, including the level of state appropriations and local funding for outpatient community-based mental health services, for the most recently completed state fiscal year (specify the start and end dates as MM/DD/YYYY).
7.1	Describe and explain any reductions in the MOE dollar amount below the amount provided in the state's application materials. If true, the state should confirm that it did not move resources to increase access to treatment in inpatient or residential settings at the expense of community-based services. [The recommended word count is 250 words.]
8	**Activities to Support Early Intervention in SMI/SED.** Describe activities to promote the availability and use of early intervention services such as screenings, structured assessments, and brief initial interventions. Discuss any challenges encountered and changes in the approach outlined in past monitoring reports, if applicable. [The recommended word count for this section is 250 words.]
9	**Activities to Support Crisis Stabilization Services.** Describe activities to increase access to and utilization of crisis stabilization services, specifically crisis stabilization services for mental health and substance use disorders, including mobile crisis units, crisis observation and assessment centers, crisis stabilization units, and coordinated community crisis response teams. Discuss any challenges encountered and changes in the approach outlined in past monitoring reports, if applicable. [The recommended word count is 250 words.]
[The following prompt is applicable to a demonstration with a reentry, SDOH/HRSN, SMI/SED, and/or SUD policy, and any other relevant authorities per the STCs.	
10	**Case Management and Care Coordination.** Describe activities to connect beneficiaries to services, including primary or behavioral health (specifically, mental health and substance use disorder) care or services to address health-related social needs, including for beneficiaries transitioning from institutional settings, if applicable.[a] Discuss any challenges encountered, changes in the approach outlined in the implementation plan(s), and any changes to the timeline, if applicable. [The recommended word count is 400 words.]
[The following prompt is applicable to a demonstration with a reentry, SDOH/HRSN, and/or THCP[b] policy.]	
11	**Implementation Planning and Capacity Building Expenditures.** Describe activities undertaken, as well as any deviations from the STCs, post-approval protocols,[c] and/or implementation plan, as may be applicable, regarding intended uses, amounts, and recipients of allowable implementation planning, capacity building, infrastructure, and transitional non-service expenditures, including any applicable changes to the timeline. In case of any deviation from previous reporting, include a discussion of corrective steps the state has implemented or will implement. [The recommended word count is 400 words.]
[The following prompts are applicable to demonstrations with a reentry and/or SDOH/HRSN policy, and any other relevant authorities per the STCs.]	
12	**Partnerships with Providers and Other Key Entities.** Describe coordination among key entities participating in the demonstration, including activities to establish and sustain informal or formal partnerships (such as through a contract, memorandum of understanding, or letter of agreement). For example, for demonstrations with an **SDOH/HRSN policy,** describe partnerships with health care providers, health plans, and SDOH/HRSN providers, including details on enrolling qualified providers to provide SDOH/HRSN services in the demonstration. For demonstrations with a **reentry policy,** describe coordination and communication among corrections systems, including the probation and parole system, health care providers and provider organizations, the State Medicaid Agency, and supported employment and supported housing agencies or organizations. Discuss any challenges encountered and any changes to the key entities, approach, or timeline outlined in the implementation plan or other protocols required by the STCs. [The recommended word count is 400 words.]
13	**Beneficiary Engagement.** Describe the activities that the state undertook to solicit input from Medicaid beneficiaries to identify barriers to participation and inform decisions about implementation, monitoring, and evaluation of the SDOH/HRSN and/or reentry demonstration(s). [The recommended word count is 300 words.]

Implementation Updates

Prompt Number	Reporting Topic and Prompt
14	**Phasing-In of Services.** Describe any changes to the state's plan for phasing-in of services, regions, or facilities, if applicable. Discuss any challenges encountered, changes in the approach outlined in the implementation plan, and any changes to the timeline, if applicable. [The recommended word count is 250 words.]
[The following prompts are applicable to a demonstration with an SDOH/HRSN policy.]	
15	**SDOH/HRSN Activities to Assist Beneficiaries in Obtaining Non-Medicaid Funded Housing and Nutrition Supports.** Describe the activities the state has undertaken to assist beneficiaries in obtaining non-Medicaid funded housing and nutrition supports, including progress made since the state's last reporting. The state should describe whether and to what extent beneficiaries are accessing the non-Medicaid funded supports. Include discussion of any deviations from the Implementation Plan or the Protocol for SDOH/HRSN Services,[d] including any changes to the timeline, if applicable, and information about mitigation steps the state has implemented or will implement to address any such deviation.[e] [The recommended word count is 250 words.]
16	**SDOH/HRSN MOE Funding Housing and/or Nutrition Programs.** Provide the dollar amount of state funding for social service programs related to housing supports and/or nutrition supports for the most recently completed state fiscal year (specify the start and end dates as MM/DD/YYYY). For annual reporting, the state should use the same methodology used in the baseline MOE report whenever possible. Otherwise, the state should provide an explanation for the deviation from the baseline methodology. [The recommended word count is 250 words.]
16.1	Describe and explain any reductions in the MOE dollar amount below the amount provided in the baseline spending submission. If accurate, the state should confirm that it did not move resources to increase access to approved Medicaid section 1115 housing supports and/or nutrition supports that address SDOH/HRSN at the expense of pre-existing social services in those categories. This may involve explaining any deviations from the methodology used in the baseline MOE report. [The recommended word count is 250 words.]

CMS = Centers for Medicare & Medicaid Services; DSHP = designated state health program; FFS = fee-for-service; IT = information technology; MMIS = Medicaid Management Infc emotional disturbance; STCs = special terms and conditions; SUD = substance use disorder; THCP = traditional health care practices.

Note: The policy-specific prompts 5 through 16, including any sub-prompts, may apply to additional section 1115 demonstration initiatives in accordance with demonstration STCs.

[a] For demonstrations with a reentry policy, services can include case management to address primary or behavioral health needs and access to nutrition opportunities, education and/or e SDOH/HRSNs, for example, scheduled contact with beneficiaries after transitioning to the community.

[b] Applicable if the THCP authority in the dmeonstration includes implementation expenditures.

[c] For some states, this information for the HRSN policy is included in the protocol titled "Protocol for Assessment of Beneficiary Eligibility and Needs, Infrastructure Planning, and Prov

[d] For some states, this information is included in the protocol titled "Protocol for Assessment of Beneficiary Eligibility and Needs, Infrastructure Planning, and Provider Qualifications."

[e] See the STC regarding Partnerships with State and Local Entities. The state must have in place partnerships with other state and local entities to assist beneficiaries in obtaining non-M timeline in the implementation plan, then provide updates in the monitoring report, including whether and to what extent the non-Medicaid funded supports are being accessed by benefi

end of worksheet

State Response

EXAMPLE:
The state experienced a three-day delay when launching the demonstration website due to IT issues. This delay limited the number of enrollees that could apply for demonstration benefits using the online application during the initial launch of the website. The state worked with its IT vendor to correct the IT issues and has added in additional quality assurance days into future demonstration website update release schedules to mitigate future delays in website update launches. Additionally, since the website and application will remain active during future updates, the state does not anticipate additional delays related to this issue in the future.

The CWP nearly reached its originally allocated capacity of 500 participants during DY4. This combined with unexpected financial constraints for ADMH/DDD caused the agency to adopt policy to limit new enrollments only to reserve capacity categories. This has been determined to require a renewed focus on annual technical amendments to transfer attrition slots from the legacy waivers, per the process approved by CMS when the CWP was established. Approximately 50% of attrition slots and funding can come to the CWP to create more program capacity based on the percentage of the waiting list living in CWP counties.

CWP policy changed to allow legally responsible relatives and legal guardians to be able to be paid to provide certain self-directed services. With a new FMSA that is expected to eliminate many quality concerns also starting, it is anticipated that demand for enrollment in the CWP will grow at a time where access is being limited due to fiscal constraints. Again, attrition slot transfer from the legacy waivers will be critical to address this.

The CWP amendment expanded eligibility to align with the recent expansion of eligibility in the legacy waivers. This increases eligibility without increased capacity to serve, which is showing impact in the growth of the waiting list and the need to prioritize the most cost-effective approaches to providing HCBS to people with ID.

While the interim evaluation by the independent evaluator found that the CWP has been effective in maintaining a stable provider network, the end of DY4 saw an increasing differential development between legacy waiver rates and CWP rates for similar if not identical services. While providers operating in CWP counties will not receive new legacy waiver referrals, there was still provider concerns raised that this may lead to a reduction in access for participants. The cause of this situation was unexpected fiscal issues for ADMH/DDD which created a barrier to implementing the CWP rate study recommended rates to ensure equity across the three waivers. This issue was not resolved in DY4.

State Response

The CWP Director retired, and the Director of CWP Support Coordination and Emergency Placements was later appointed as the Director of the Community Waiver Program. In this transition, she assumed both her previous responsibilities and the full scope of duties associated with the Director role for the Community Waiver Program.

Organizationally, staffing and oversight structures were created with the originally funded capacity of 500 slots. Although staffing levels have remained aligned with confirmed funding, current program demands indicate a need for additional personnel to ensure continued efficiency, compliance, and service quality. Leadership continues to prioritize service quality, program stability, and operational integrity within confirmed funding parameters.

In recent quarters, increased emphasis has been placed on strengthening internal processes, procedures, and systems. Particular attention has been directed toward improving tracking of applicants transitioning from the Alabama Statewide Waiting List to enrollment in the CWP, ensuring accurate reporting of funded waiver slots, and enhancing oversight of person-centered plans – both content and cost.

Administratively, enhancements have been implemented to improve performance measure reporting. However, significant administrative record-keeping challenges continue with the existing “ADIDIS” information system. A transition to Therap is underway with the design taking account of the existence of, and processes for, the CWP.

CWP policy changed to allow legally responsible relatives and legal guardians to be able to be paid to provide certain self-directed services. As noted above, it is anticipated that demand for enrollment in the CWP will grow as a result.
The ADMH Office of Legislative and Constituent Affairs supported Commissioner Boswell in submitting the Department’s 2026 Legislative Agenda to the Governor’s Office on November 1, 2025. As requested by the Governor’s Chief of Staff, ADMH listed several bills it anticipates being filed this session, along with legislation the Department will support. Bills we anticipate supporting include the following: Invisible Disability Driver License, Guardianship Bill of Rights, and Screentime Restriction for Early Childhood Education Settings.
ADMH identified the Developmental Disabilities Division as the number one priority for the FY 2027 Budget. The Office of Legislative and Constituent Affairs worked with each Division as well as ADMH stakeholders to collect data and draft budget narratives required for the budget request.

The first day of the 2026 Legislative Session was Tuesday, January 13, 2026. We are continuing to monitor all in-coming bills for the 2026 legislative session.

There have been fiscal clarifications within the Community Waiver Program (CWP) related to slot allocation and funding levels. Although it was previously reported that funded slots increased in Years 2 and 3 beyond the original 500 established in Year 1, those additional slots were not allocated funding due to a changeover in fiscal staff working for ADMH/DDD. As a result, current figures reflect the original 500-slots funded for the CWP and access as of the end of Y4 was limited only to reserve capacity categories.

At the same time, the CWP amendment prepared in Y4, and since approved, expanded eligibility criteria for the CWP, increasing access to the program. The combined impact translates to a growing rather than shrinking waiting list. This is despite the fact that the CWP’s average cost per person is less than 40% of the average cost per person in the legacy waiver program which includes the ID and LAH waivers.

There have been no reductions in benefits for enrolled participants. Services continue to be delivered as authorized in person-centered plans under the waiver. Overall, fiscal changes resulted in reduction of enrollment capacity to the originally funded program capacity while a program amendment expanded eligibility.

State Response

The Community Waiver Program (CWP) has been subject to routine oversight and monitoring activities consistent with Alabama Medicaid requirements such as the quarterly Case Management and Case Manager Personnel Record Audit and the Retrospective Audit. CWP Support Coordination provided by ADMH/DDD passed all of these audits in DY4.

In addition, ADMH/DDD also performs certification reviews of providers. A new certification process has been implemented across the three waivers that blends the positive attributes of the CWP credentialing process with the positive attributes of the legacy waiver certification process. No CWP providers failed certification reviews during DY4.

There were no investigations involving the CWP in DY4. At this time, no formal audit findings or investigative determinations have resulted in material deficiencies or systemic compliance concerns with the CWP. Reviews conducted have affirmed that service authorization practices are operating within approved waiver parameters.

The program continues to maintain internal controls to ensure accuracy in reporting, appropriate utilization of funded slots, and compliance with Medicaid documentation standards. Ongoing monitoring processes remain in place to proactively identify and address any potential issues.

Overall, audit and oversight activities have supported continued program integrity and operational stability.

There were no litigation activities to report during the demonstration year.
In Y4, ADMH/DDD started a new and innovative partnership with the Alabama Hospital Association to coordinate discharge planning, improve identification of waiver-eligible individuals, and expedite referrals for community-based services. Additionally, constructive and proactive collaboration with the Department of Human Resources (DHR), including Child Protective Services (CPS) and Adult Protective Services (APS), has increased. ADMH/DDD is working closely with DHR to identify individuals meeting waiver eligibility criteria who require immediate waiver services due to abuse, neglect, or caregiver incapacity. ADMH/DDD also continues to strengthen partnerships with experienced providers capable of delivering crisis intervention and stabilization services effectively and cost-efficiently. Providers include Project Transition (PT) a multi-state organization specializing in trauma-informed crisis stabilization and transition out of inpatient settings. Over 23 referrals have been made to PT, facilitating successful transitions from inpatient and other highly restrictive settings. PT is also providing consultation to other CWP providers.

The transition of information systems at ADMH/DDD has taken longer than anticipated and this has created barriers to obtaining the data necessary to fully track the CWP performance on the goals and objectives of the program. The transition to Therap is expected to be completed in Y5.

Finally, the growth of the CWP program was on a slower trajectory in Y4 than planned due to budgetary issues impacting ADMH/DDD. As leadership works to scale some of the successful strategies of the CWP, it is expected that more capacity will again be created to address the waiting list, particularly with the planned approach to renewing the 1915c and 1115a authorities.

State Response

During the reporting period, Alabama continued to strengthen the data and IT infrastructure supporting demonstration administration and reporting. The primary focus of this year's work concentrated on stabilizing core operational systems used by providers and the State to document services, manage compliance processes, and improve data integrity—most notably through the transition of the electronic record and operational platform from WellSky to Therap.

System Transition and Data Infrastructure Enhancements (WellSky to Therap). A major initiative during the year was implementation planning and staged transition activities to move functions currently supported in WellSky to Therap. This transition is intended to improve standardization of documentation, strengthen data governance, and enhance the reliability and validity of operational data used for oversight, quality improvement, and required reporting. Implementation activities included configuration of Therap modules aligned to Alabama's program and reporting requirements, development of standardized workflows, and coordinated change management with providers and internal stakeholders to support continuity of operations.

Provider Account Cleanup and Data Governance. To address data quality challenges and reduce errors associated with inconsistent provider identifiers, duplicate records, and account structures, Alabama initiated creation of new Therap accounts for all providers. This "clean account" approach is designed to establish consistent organizational structures, standardized naming conventions, and clearer alignment between providers, service locations, and authorized users. The State's objective is to improve the integrity of data capture at the point of service and reduce downstream reconciliation needs, thereby strengthening the validity of trends and performance monitoring over time. The State also used this activity to reinforce role-based access, improve auditability, and support clearer delineation of responsibilities for reporting and documentation.

Phased Implementation Approach and Demonstration-Relevant Functions. Alabama's system work is being implemented in a phased approach. Activities during DY4 focused on configuration and readiness to support "go-live" of the new provider accounts in DY5, beginning with: Electronic Visit Verification (EVV) and incident management. After EVV and incident management go-live, the next phase will transition additional core functions, including intake processes and related program data systems supporting eligibility determinations and management of the wait list. This sequencing is intended to minimize disruption, allow for focused training and stabilization by module, and ensure data quality controls are in place prior to expansion into additional functional areas.

Eligibility/Enrollment and MMIS Context. The State continued routine operations for eligibility determination and enrollment processing through

The state confirms that evaluation activities have been monitored closely and resulted in complete, timely, and high quality deliverables. The CWP evaluation's independent evaluator, Health Management Associates (HMA), continued to support the evaluation by compiling systems data (such as enrollment and claims data), survey responses, and other relevant information required to analyze all measures representing Year 4 outcomes. To promote continuous monitoring, HMA collected indicator measurement data throughout the year and reviewed findings and questions with ADMH to address data-related issues and inquiries.

Evaluation Update: During Year 4, HMA drafted and reviewed the mid-point assessment report in consultation with the State. The report was submitted to CMS in the late fall of 2025. The report underscored the notable successes of the CWP waiver, including significantly lower per-person costs relative to the legacy ID and LAH waivers, higher rates of competitive integrated employment (CIE) among CWP participants compared to those in legacy waivers, reduced incidence of crisis events among CWP participants (such as hospitalizations, emergency enrollments, or substantiated cases of abuse and neglect) compared to legacy waiver participants, and additional outcomes supporting most demonstration hypotheses. The report also acknowledged challenges encountered, particularly in the initial phases of the evaluation. Specifically, instances of unreported data—primarily in the first year—were noted due to slower-than-anticipated enrollment ramp-up and insufficient or statistically unreliable data stemming from limited service utilization. Following incorporation of feedback and instructions, the revised mid-point assessment report was submitted to CMS for review and approval in January 2026.

Evaluation Challenges: A specific data-related issue arose in the fourth year of the evaluation, impacting Measure 20 (average hourly wages of direct support workers) and Measure 21 (average turnover rates of direct support workers). These metrics depend on data supplied by two contracted Financial Management Services Agencies (FMSAs), which assist participants who self-direct services and their paid direct support workers with timekeeping, payroll processing, and administrative procedures. By the end of Year 4, one FMSA no longer under contract did not provide the requested payment and employment information necessary for calculating Measures 20 and 21 despite multiple attempts. However, an analysis of Year 3 FMSA payment data suggests that the missing payment data would represent about 6 percent of overall utilization if Year 4 utilization was similar. Thus, the evaluation team does not believe that the exclusion of this data would affect the validity or conclusions of these measurements.

State Response
The Post Award Public Forum for Y4 was held on May 6, 2025, at 9am and 1pm. Both verbal and written comments were received during these forums. A summary of Year 3 outcomes was provided, including information from the independent evaluation. Attendees at the public forums asked many questions seeking additional information on the program. Comments were received from providers (3), 310 agencies (2), families (3), and other stakeholders (2) who participated in the forums. Family members expressed dissatisfaction regarding the fact that an amendment to the CWP did not go forward when originally planned. Their main concern related to wanting to align the CWP aligned with the ID and LAH waivers thus, allowing legal guardians to be able to provide self-directed services. A parent recommended a "parent advisory board" and regular meetings with every CWP employee and ADMH-DDD Associate Commissioner to ensure continuinty across staff. A provider commented that they would like to see the availability of Positive Behavior Supports expanded, given the number of people who need and could benefit from this service. A commenter from Washington DC offered HCBS services for people with ASD services without requiring a co-occurring ID diagnosis. Alabama's continued exclusion of autistic adults without ID places our state in the minority and reinforces surface gap that is both clinically and ethically problematic. A commenter also expressed concern that the agency's support coordination staff lack knowledge and responsiveness. The commenter stated there is sometimes confusion about available services that create barriers to timely and effective care.

State Response
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State Response
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ormation System; MOE = maintenance of effort; SDOH/HRSN = social determinants of health/health-related social needs; SMI/SED = serious mental illness/serious

mployment, and housing supports, as indicated in the State Medicaid Director's Letter. Include any details on systems or processes for monitoring health and

vider Qualifications" or the Protocol for SDOH/HRSN Infrastructure.

Medicaid funded housing and nutrition supports, if available, upon the conclusion of temporary Medicaid payment for such supports. The state must establish a plan and iciaries as planned. Once the state's plan is fully implemented, the state may conclude its status updates.

Base Metrics Data and Trends

Technical specifications manual version: [Enter Technical Specifications Manual Version Number]

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Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
EXAMPLE: *BA_1* ***(Do not delete or edit this row)***	*EXAMPLE:* *Total Eligibility for the Demonstration*	*EAMPLE:* *The unduplicated number of beneficiaries eligible for the demonstration and not suspended at any time during the measurement period. This indicator is the total number of unduplicated individuals in the overall demonstration. It includes those newly eligible for the demonstration during the measurement period and those whose eligibility continues from a prior period. This indicator is not a point-in-time count. It captures beneficiaries who were eligible for the demonstration for at least one day during the measurement period. For certain demonstration programs, this metric may capture the count of total program participation instead of count of individuals eligible for the program.*	*EXAMPLE:* *Administrative records*	*EXAMPLE:* *Consistent*
BA_1	Total Eligibility for the Demonstration	The unduplicated number of beneficiaries eligible for the demonstration and not suspended at any time during the measurement period. This indicator is the total number of unduplicated individuals in the overall demonstration. It includes those newly eligible for the demonstration during the measurement period and those whose eligibility continues from a prior period. This indicator is not a point-in-time count. It captures beneficiaries who were eligible for the demonstration for at least one day during the measurement period. For certain demonstration programs, this metric may capture the count of total program participation instead of count of individuals eligible for the program.	Administrative records	
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(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
BA_2	Appeals, Eligibility	Number of appeals filed by demonstration beneficiaries during the measurement period regarding Medicaid eligibility.	Administrative records	
BA_3	Appeals, Benefits	Number of appeals filed by demonstration beneficiaries during the measurement period regarding benefits.	Administrative records	
BA_4	Grievances	Number of grievances filed by demonstration beneficiaries during the measurement period.	Administrative records	

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
BA_5	Emergency Department Utilization, All Use	Total number of ED visits per 1,000 demonstration beneficiary months during the measurement period.	Claims and encounters; other administrative records	
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
BA_6	Inpatient Admissions	Total number of inpatient admissions per 1,000 demonstration beneficiary months during the measurement period.	Claims and encounters and other administrative records	
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
BA_7	Plan All-Cause Readmissions (PCR-AD) [NCQA; CMIT# 561; Medicaid Adult Core Set; Adjusted HEDIS specifications]	For beneficiaries aged 18 to 64, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories:	Claims and encounters	Decrease
BA_7.1	Plan all-cause readmissions - index hospital stays	1. Count of Index Hospital Stays (IHS)	(see above)	n.a
BA_7.2	Plan all-cause readmissions - observed 30 day readmissions	2. Count of Observed 30-Day Readmissions	(see above)	n.a
BA_7.3	Plan all-cause readmissions - expected 30 day readmissions	3. Count of Expected 30-Day Readmissions	(see above)	n.a
BA_7.4	Plan all-cause readmissions - beneficiaries in demonstration population	4. Count of beneficiaries in demonstration population	(see above)	n.a
BA_7.5	Plan-all cause readmissions - number of outliers	5. Number of outliers	(see above)	n.a
BA_c_7a	Plan all-cause readmissions - observed 30-day readmission rate <<This Rate is Autocalculated>>	c_7a. Count of observed 30-day readmissions divided by the count of index hospital stays (BA_7.2 / BA_7.1)*100	(see above)	n.a
BA_c_7b	Plan all-cause readmissions - expected readmission rate <<This Rate is Autocalculated>>	c_7b. Count of expected 30-day readmissions divided by the count of index hospital stays (BA_7.3 / BA_7.1)*100	(see above)	n.a
BA_c_7c	Plan all-cause readmissions - observed-to-expected ratio <<This Rate is Autocalculated>>	c_7c. Count of observed 30-day reasmissions divided by count of expected 30-day readmissions (BA_7.2 / BA_7.3)	(see above)	n.a
BA_c_7d	Plan all-cause readmissions - outlier rate <<This Rate is Autocalculated>>	c_7d. Number of outliers divided by count of beneficiaries in demonstration population (BA_7.5 / BA_7.4)*1,000	(see above)	n.a

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality

Note: Licensee and state must prominently display the following notice on any display of Measure rates:
The PCR-AD measure (BA_7) is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure that is 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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CMS = Centers for Medicare & Medicaid Services; CMIT = CMS Measures Inventory Tool; ED = emergency department; HEDIS = Healthcare Effectiveness Data and Information Set; NCQA = National Committee for Quality Assurance.
end of worksheet

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
EXAMPLE: *This metric decreased by 5 percent due to an increase in eligibility redeterminations during Unwinding of continuous eligibility, resulting in more people being disenrolled from Medicaid and finding coverage in the Marketplace.*	*EXAMPLE:* *Month 1*	*EXAMPLE:* *01/01/2024-01/31/2024*	*EXAMPLE: 650*	*EXAMPLE: n.a.*	*EXAMPLE: n.a.*
There are no Group 5 participants, so the count is 0 for these measures.	Demonstration month 1	*Oct-24*	*0*		
(see above)	Demonstration month 2	*Nov-24*	*0*		
(see above)	Demonstration month 3	*Dec-24*	*0*		
(see above)	Demonstration month 4	*Jan-25*	*0*		
(see above)	Demonstration month 5	*Feb-25*	*0*		
(see above)	Demonstration month 6	*Mar-25*	*0*		
(see above)	Demonstration month 7	*Apr-25*	*0*		
(see above)	Demonstration month 8	*May-25*	*0*		
(see above)	Demonstration month 9	*Jun-25*	*0*		
(see above)	Demonstration month 10	*Jul-25*	*0*		
(see above)	Demonstration month 11	*Aug-25*	*0*		
(see above)	Demonstration month 12	*Sep-25*	*0*		
There are no Group 5 participants, but for all other participants on the waiver, there were 7 eligibility appeals in Y4.	Demonstration Year	*10/1/2024 - 9/30/2025*	*7*		
There are no Group 5 participants, but for all other participants on the waiver, there was 1 benefit appeal in Y4.	Demonstration Year	*10/1/2024 - 9/30/2025*	*1*		
There are no Group 5 participants, but for all other participants on the waiver, there were 2 grievances filed in Y4.	Demonstration Year	*10/1/2024 - 9/30/2025*	*2*		

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
There are no Group 5 participants, so the count is 0 for these measures.	Demonstration quarter 1	*[Insert dates here.]*	*0*	*[Insert value here.]*	#VALUE!
(see above)	Demonstration quarter 2	*[Insert dates here.]*	*0*	*[Insert value here.]*	#VALUE!
(see above)	Demonstration quarter 3	*[Insert dates here.]*	*0*	*[Insert value here.]*	#VALUE!
(see above)	Demonstration quarter 4	*[Insert dates here.]*	*0*	*[Insert value here.]*	#VALUE!
There are no Group 5 participants, so the count is 0 for these measures.	Demonstration quarter 1	*[Insert dates here.]*	*0*	*[Insert value here.]*	#VALUE!
(see above)	Demonstration quarter 2	*[Insert dates here.]*	*0*	*[Insert value here.]*	#VALUE!
(see above)	Demonstration quarter 3	*[Insert dates here.]*	*0*	*[Insert value here.]*	#VALUE!
(see above)	Demonstration quarter 4	*[Insert dates here.]*	*0*	*[Insert value here.]*	#VALUE!
There are no Group 5 participants, so the count is 0 for these measures.	Calendar Year				
n.a	(see above)	*[Insert dates here.]*	*[Insert value here.]*		
n.a	(see above)	*[Insert dates here.]*	*[Insert value here.]*		
n.a	(see above)	*[Insert dates here.]*	*[Insert value here.]*		
n.a	(see above)	*[Insert dates here.]*	*[Insert value here.]*		
n.a	(see above)	*[Insert dates here.]*	*[Insert value here.]*		
n.a	(see above)	blank	[Calculated Value.]	[Calculated Value.]	#VALUE!
n.a	(see above)	blank	[Calculated Value.]	[Calculated Value.]	#VALUE!
n.a	(see above)	blank	[Calculated Value.]	[Calculated Value.]	#VALUE!
n.a	(see above)	blank	[Calculated Value.]	[Calculated Value.]	#VALUE!

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage

SMI/SED Metrics Data and Trends

Technical specifications manual version: [Enter Technical Specifications Manual Version Number]

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Metric Number	**Metric Name**	**Metric Description**	**Data Source**	**Desired Directionality**
EXAMPLE: *SMI_20* ***(Do not delete or edit this row)***	*EXAMPLE:* *Beneficiaries With SMI/SED Treated in an IMD (IMDs Receiving FFP Only) for Mental Health*	*EXAMPLE:* *Number of beneficiaries in the demonstration population who have a claim for inpatient or residential treatment for mental health in an IMD during the reporting year*	*EXAMPLE:* *Claims*	*EXAMPLE:* *Decrease*
SMI_2	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH) [NCQA; CMIT #743; Medicaid Child Core Set; Adjusted HEDIS specifications]	Percentage of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment	Claims	
SMI_4	30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF) [CMIT #3]	The rate of unplanned, 30-day, readmission for demonstration beneficiaries with a primary discharge diagnosis of a psychiatric disorder or dementia/Alzheimer's disease. The measurement period used to identify cases in the measure population is 12 months from January 1 through December 31.	Claims	Decrease
SMI_6	Medication Continuation Following Inpatient Psychiatric Discharge [CMIT #438]	This measure assesses whether psychiatric patients admitted to an inpatient psychiatric facility (IPF) for major depressive disorder (MDD), schizophrenia, or bipolar disorder filled a prescription for evidence-based medication within 2 days prior to discharge and 30 days post-discharge	Claims	Increase
SMI_7	Follow-up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH) [NCQA; CMIT #268; Medicaid Child Core Set; Adjusted HEDIS specifications]	Percentage of discharges for children ages 6 to 17 who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported:	Claims	Increase
SMI_7.1	30-Day FUH-CH	Percentage of discharges for which the child received follow-up within 30 days after discharge	(see above)	
SMI_7.2	7-Day FUH-CH	Percentage of discharges for which the child received follow-up within 7 days after discharge	(see above)	
SMI_8	Follow-up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD) [NCQA; CMIT #268; Medicaid Adult Core Set; Adjusted HEDIS specifications]	Percentage of discharges for beneficiaries age 18 and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported:	Claims	Increase

blank row				
Metric Number	**Metric Name**	**Metric Description**	**Data Source**	**Desired Directionality**
SMI_8.1	30-Day FUH-AD	Percentage of discharges for which the beneficiary received follow-up within 30 days after discharge	(see above)	
SMI_8.2	7-Day FUH-AD	Percentage of discharges for which the beneficiary received follow-up within 7 days after discharge	(see above)	
SMI_10	Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older (FUM-AD) [NCQA; CMIT #265; Medicaid Adult Core Set; Adjusted HEDIS specifications]	Percentage of emergency department (ED) visits for beneficiaries age 18 and older with a primary diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness. Two rates are reported:	Claims	Increase
SMI_10.1	30-Day FUM-AD	Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit	(see above)	
SMI_10.2	7-Day FUM-AD	Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit	(see above)	
SMI_13	Mental Health Services Utilization - Inpatient	Number of beneficiaries in the demonstration population who use inpatient services related to mental health during the measurement period	Claims	
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
SMI_14	Mental Health Services Utilization - Intensive Outpatient and Partial Hospitalization	Number of beneficiaries in the demonstration population who use intensive outpatient and/or partial hospitalization services related to	Claims	
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)

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Metric Number	**Metric Name**	**Metric Description**	**Data Source**	**Desired Directionality**
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
SMI_15	Mental Health Services Utilization - Outpatient	Number of beneficiaries in the demonstration population who used outpatient services related to mental health during the measurement	Claims	
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
SMI_16	Mental Health Services Utilization - ED	Number of beneficiaries in the demonstration population who use emergency department services for mental health during the	Claims	
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
SMI_18	Mental Health Services Utilization - Any Services	Number of beneficiaries in the demonstration population who used any services related to mental health during the measurement period	Claims	
(see above)	(see above)	(see above)	(see above)	(see above)

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Metric Number	**Metric Name**	**Metric Description**	**Data Source**	**Desired Directionality**
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
SMI_19b	Average Length of Stay in IMDs (IMDs receiving FFP only)	ALOS for beneficiaries with SMI discharged from an inpatient or residential stay in an IMD receiving FFP. Three rates are reported:	Claims; State-specific IMD database	No more than 30 days
SMI_19b.1	Average Length of Stay in IMDs Receiving FFP (overall)	ALOS for all IMDs and populations	(see above)	
SMI_19b.2	Average Length of Stay in IMDs Receiving FFP (short-term stays: ≤ 60 days)	ALOS among short-term stays (less than or equal to 60 days)	(see above)	
SMI_19b.3	Average Length of Stay in IMDs Receiving FFP (long-term stays: > 60 days)	ALOS among long-term stays (greater than 60 days)	(see above)	
SMI_19c	Average Length of Stay in IMDs (IMDs receiving FFP only) that are QRTPs	ALOS for beneficiaries with SMI discharged from an inpatient or residential stay in an IMD that is a QRTP.	Claims; State-specific IMD database	No more than 30 days
SMI_19c.1	Average Length of Stay in IMDs Receiving FFP that are QRTPs (overall)	ALOS for all IMDs that are QRTPs and populations	(see above)	
SMI_19c.2	Average Length of Stay in IMDs Receiving FFP that are QRTPs (short-term stays: ≤ 60 days)	ALOS among short-term stays (less than or equal to 60 days)	(see above)	
SMI_19c.3	Average Length of Stay in IMDs Receiving FFP that are QRTPs (long-term stays: > 60 days)	ALOS among long-term stays (greater than 60 days)	(see above)	
SMI_20	Beneficiaries With SMI/SED Treated in an IMD (IMDs Receiving FFP Only) for Mental Health	Percentage of beneficiaries in the demonstration population who have a claim for inpatient or residential treatment for mental health in an IMD receiving FFP during the reporting year	Claims; State-specific IMD database	
SMI_21	Count of Beneficiaries With SMI/SED (monthly)	Number of beneficiaries in the demonstration population during the measurement period and/or in the 11 months before the measurement period	Claims	
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)

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Metric Number	**Metric Name**	**Metric Description**	**Data Source**	**Desired Directionality**
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
SMI_29	Metabolic Monitoring for Children and Adolescents on Antipsychotics [NCQA; CMIT #448; Medicaid Child Core Set; Adjusted HEDIS specifications]	Percentage of children and adolescents ages 1 to 17 who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:	Claims	Increase
SMI_29.1	Blood Glucose Testing	Percentage of children and adolescents on antipsychotics who received blood glucose testing	(see above)	
SMI_29.2	Cholesterol Testing	Percentage of children and adolescents on antipsychotics who received cholesterol testing	(see above)	
SMI_29.3	Blood Glucose and Cholesterol Testing	Percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing	(see above)	
SMI_30	Follow-Up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication [CMIT #270]	Percentage of new antipsychotic prescriptions for Medicaid beneficiaries who meet the following criteria: • age 18 years and older, and • completed a follow-up visit with a provider with prescribing authority within four weeks (28 days) of prescription of an antipsychotic medication	Claims	Increase

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The FUH-CH, FUH-AD, FUM-AD, and APM-CH measures (SMI_7, 8, 10, and 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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ALOS = average length of stay; CMS = Centers for Medicare & Medicaid Services; CMIT = CMS Measures Inventory Tool; ED = emergency department; FFP = federal financial participation; HEDIS = Healthcare Effectiveness Data and Information Set; IMD = institutions for mental diseases; IPF = inpatient psychiatric facility; MDD = major depressive disorder; NCQA = National Committee for Quality Assurance; QRTP = Qualified Residential Treatment Programs; SMI/SED = serious mental illness/serious emotional disturbance.

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
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.*	*EXAMPLE:* *Demonstration Year*	*EXAMPLE:* *01/01/2024-12/31/2024*	*EXAMPLE: 1500*	*EXAMPLE: n.a.*	*EXAMPLE: n.a.*
[Insert response here.]	Calendar Year	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
[Insert response here.]	Calendar Year	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
[Insert response here.]	Calendar Year	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
[Insert response here.]	Calendar Year				
	(see above)	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
	(see above)	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
[Insert response here.]	Calendar Year				

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
	(see above)	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
	(see above)	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
[Insert response here.]	Calendar Year				
	(see above)	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
	(see above)	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
[Insert response here.]	Demonstration month 1	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 2	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 3	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 4	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 5	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 6	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 7	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 8	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 9	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 10	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 11	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 12	*[Insert dates here.]*	*[Insert value here.]*		
[Insert response here.]	Demonstration month 1	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 2	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 3	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 4	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 5	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 6	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 7	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 8	*[Insert dates here.]*	*[Insert value here.]*		

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
(see above)	Demonstration month 9	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 10	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 11	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 12	*[Insert dates here.]*	*[Insert value here.]*		
[Insert response here.]	Demonstration month 1	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 2	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 3	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 4	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 5	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 6	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 7	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 8	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 9	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 10	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 11	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 12	*[Insert dates here.]*	*[Insert value here.]*		
[Insert response here.]	Demonstration month 1	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 2	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 3	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 4	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 5	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 6	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 7	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 8	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 9	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 10	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 11	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 12	*[Insert dates here.]*	*[Insert value here.]*		
[Insert response here.]	Demonstration month 1	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 2	*[Insert dates here.]*	*[Insert value here.]*		

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
(see above)	Demonstration month 3	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 4	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 5	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 6	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 7	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 8	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 9	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 10	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 11	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 12	*[Insert dates here.]*	*[Insert value here.]*		
[Insert response here.]	Demonstration Year				
	(see above)	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	*#VALUE!*
	(see above)	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	*#VALUE!*
	(see above)	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	*#VALUE!*
[Insert response here.]	Demonstration Year				
	(see above)	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	*#VALUE!*
	(see above)	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	*#VALUE!*
	(see above)	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	*#VALUE!*
[Insert response here.]	Demonstration Year	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	*#VALUE!*
[Insert response here.]	Demonstration month 1	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 2	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 3	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 4	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 5	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 6	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 7	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 8	*[Insert dates here.]*	*[Insert value here.]*		

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
(see above)	Demonstration month 9	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 10	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 11	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 12	*[Insert dates here.]*	*[Insert value here.]*		
[Insert response here.]	Calendar Year				
	(see above)	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	*#VALUE!*
	(see above)	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	*#VALUE!*
	(see above)	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	*#VALUE!*
[Insert response here.]	Calendar Year	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	*#VALUE!*

SUD Metrics Data and Trends

Technical specifications manual version: [Enter Technical Specifications Manual Version Number]

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
EXAMPLE: *SUD_3* ***(Do not delete or edit this row)***	*EXAMPLE:* *Medicaid Beneficiaries with SUD Diagnosis (monthly)*	*EXAMPLE:* *Number of beneficiaries who receive MAT or a SUD-related treatment service with an associated SUD diagnosis during the measurement period and/or in the 11 months before the measurement period*	*EXAMPLE:* *Claims*	*EXAMPLE:* *Consistent*
SUD_3	Medicaid Beneficiaries with SUD Diagnosis (monthly)	Number of beneficiaries who receive MAT or a SUD-related treatment service with an associated SUD diagnosis during the measurement period and/or in the 11 months before the measurement period	Claims	
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
SUD_4	Medicaid Beneficiaries with SUD Diagnosis (annually)	Number of beneficiaries who receive MAT or a SUD-related treatment service with an associated SUD diagnosis during the measurement period and/or in the 12 months before the measurement period	Claims	
SUD_5	Medicaid Beneficiaries Treated in an IMD for SUD	Number of beneficiaries with a claim for inpatient/residential treatment for SUD in an IMD during the measurement period	Claims; State-specific IMD Database	
SUD_6	Any SUD Treatment	Number of beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim during the measurement period	Claims	
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
SUD_7	Early Intervention	Number of beneficiaries who used early intervention services (such as procedure codes associated with SBIRT) during the measurement period	Claims	
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
SUD_8	Outpatient Services	Number of beneficiaries who used outpatient services for SUD (such as outpatient recovery or motivational enhancement therapies, step down care, and monitoring for stable patients) during the measurement period	Claims	
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
SUD_9	Intensive Outpatient and Partial Hospitalization Services	Number of beneficiaries who used intensive outpatient and/or partial hospitalization services for SUD (such as specialized outpatient SUD therapy or other clinical services) during the measurement period	Claims	
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
SUD_10	Residential and Inpatient Services	Number of beneficiaries who use residential and/or inpatient services for SUD during the measurement period	Claims	
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
SUD_11	Withdrawal Management	Number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) during the measurement period	Claims	
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
SUD_12	Medication-Assisted Treatment	Number of beneficiaries who have a claim for MAT for SUD during the measurement period	Claims	
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
SUD_13	SUD Provider Availability	The number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period	Provider Enrollment Database; Claims (if necessary)	Increase
SUD_15	Initiation and Engagement of Substance Use Disorder Treatment (IET-AD) [NCQA; CMIT #394; Medicaid Adult Core Set; Adjusted HEDIS specifications]	Percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported: •Initiation of SUD Treatment—the percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within 14 days •Engagement of SUD Treatment—the percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation The following diagnosis cohorts are reported for each rate: (1) Alcohol use disorder, (2) Opioid use disorder, (3) Other substance use disorder, and (4) Total (the total is the sum of the SUD diagnosis cohort stratifications). A total of 8 separate rates are reported for this measure.	Claims or Electronic Health Records	Increase
SUD_15.1	Initiation AUD	1. Initiation of SUD Treatment - Alcohol use disorder (rate 1, cohort 1)	(see above)	
SUD_15.2	Initiation OUD	2. Initiation of SUD Treatment - Opioid use disorder (rate 1, cohort 2)	(see above)	
SUD_15.3	Initiation Other SUD	3. Initiation of SUD Treatment - Other substance use disorder (rate 1, cohort	(see above)	
SUD_15.4	Initiation Total	4. Initiation of SUD Treatment - Total (rate 1, cohort 4)	(see above)	
SUD_15.5	Engagement AUD	5. Engagement of SUD Treatment - Alcohol use disorder (rate 2, cohort 1)	(see above)	

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
SUD_15.6	Engagement OUD	6. Engagement of SUD Treatment - Opioid use disorder (rate 2, cohort 2)	(see above)	
SUD_15.7	Engagement Other SUD	7. Engagement of SUD Treatment - Other substance use disorder (rate 2,	(see above)	
SUD_15.8	Engagement Total	8. Engagement of SUD Treatment - Total (rate 2, cohort 4)	(see above)	
SUD_17(1)	Follow-Up After Emergency Department Visit for Substance Use: Age 18 and Older (FUA-AD) [NCQA; CMIT #264; Medicaid Adult Core Set; Adjusted HEDIS specifications]	Percentage of emergency department (ED) visits for beneficiaries age 18 and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose for which there was follow-up. Two rates are reported.	Claims	Increase
SUD_17(1).1	Follow-Up After Emergency Department Visit for Substance Use - Age 18 and Older, 30 days	1. Percentage of ED visits for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)	(see above)	
SUD_17(1).2	Follow-Up After Emergency Department Visit for Substance Use - Age 18 and Older, 7 days	2. Percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit (8 total days)	(see above)	
SUD_23	Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries	Total number of ED visits for SUD per 1,000 beneficiaries in the measurement period	Claims	Decrease
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
SUD_24	Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries	Total number of inpatient stays per 1,000 beneficiaries in the measurement period	Claims	Decrease
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
(see above)	(see above)	(see above)	(see above)	(see above)
SUD_25	Readmissions Among Beneficiaries with SUD	The rate of all-cause readmissions during the measurement period among beneficiaries with SUD	Claims	Decrease
SUD_27	Overdose Deaths	The rate of overdose deaths during the measurement period among adult Medicaid beneficiaries living in a geographic area covered by the demonstration	State data on cause of death	Decrease
SUD_36	Average Length of Stay in IMDs	The average length of stay for beneficiaries discharged from IMD inpatient/residential treatment for SUD	Claims; State-specific IMD database	No more than 30 days

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
SUD_37	Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) [NCQA; Adjusted HEDIS specifications]	The percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder. Two rates are reported:	Claims	Increase
SUD_37.1	Follow-Up After High-Intensity Care for Substance Use Disorder - Age 18 and Older, 30 days	1. Percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge.	(see above)	
SUD_37.2	Follow-Up After High-Intensity Care for Substance Use Disorder - Age 18 and Older, 7 days	2. Percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.	(see above)	

Note: Licensee and state must prominently display the following notice on any display of Measure rates:
The IET-AD, FUA-AD, and FUI measures (SUD_15, 17(1), and 37) 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.

The measure specification methodology used by CMS is different from NCQA's methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. A calculated measure result (a "rate") from a HEDIS measure that has not been certified via NCQA's Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called a "HEDIS rate" until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as "Adjusted, Uncertified, Unaudited HEDIS rates."

ALOS = average length of stay; AUD = alcohol use disorder; CMS = Centers for Medicare & Medicaid Services; CMIT = CMS Measures Inventory Tool; ED = emergency department; FFP = federal financial participation; HEDIS = Healthcare Effectiveness Data and Information Set; IMD = institutions for mental diseases; MAT = medication-assisted treatment; NCQA = National Committee for Quality Assurance; OUD = opioid use disorder; SBIRT = screening, brief intervention, and referral to treatment; SUD = substance use disorder.
end of worksheet

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
EXAMPLE: The number of beneficiaries with a SUD diagnosis increased by 8%. This may be because the state implemented use of a standardized screening process for all individuals that are being seen by an emergency department where there is	*EXAMPLE: Month 1*	*EXAMPLE: 01/01/2024-1/31/2024*	*EXAMPLE: 650*	*EXAMPLE: n.a.*	*EXAMPLE: n.a.*
[Insert response here.]	Demonstration month 1	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 2	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 3	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 4	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 5	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 6	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 7	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 8	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 9	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 10	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 11	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 12	*[Insert dates here.]*	*[Insert value here.]*		
[Insert response here.]	Demonstration year	*[Insert dates here.]*	*[Insert value here.]*		
[Insert response here.]	Demonstration year	*[Insert dates here.]*	*[Insert value here.]*		
[Insert response here.]	Demonstration month 1	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 2	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 3	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 4	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 5	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 6	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 7	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 8	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 9	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 10	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 11	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 12	*[Insert dates here.]*	*[Insert value here.]*		
[Insert response here.]	Demonstration month 1	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 2	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 3	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 4	*[Insert dates here.]*	*[Insert value here.]*		

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
(see above)	Demonstration month 5	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 6	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 7	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 8	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 9	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 10	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 11	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 12	*[Insert dates here.]*	*[Insert value here.]*		
[Insert response here.]	Demonstration month 1	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 2	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 3	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 4	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 5	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 6	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 7	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 8	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 9	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 10	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 11	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 12	*[Insert dates here.]*	*[Insert value here.]*		
[Insert response here.]	Demonstration month 1	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 2	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 3	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 4	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 5	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 6	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 7	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 8	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 9	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 10	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 11	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 12	*[Insert dates here.]*	*[Insert value here.]*		
[Insert response here.]	Demonstration month 1	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 2	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 3	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 4	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 5	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 6	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 7	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 8	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 9	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 10	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 11	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 12	*[Insert dates here.]*	*[Insert value here.]*		

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
[Insert response here.]	Demonstration month 1	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 2	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 3	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 4	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 5	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 6	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 7	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 8	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 9	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 10	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 11	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 12	*[Insert dates here.]*	*[Insert value here.]*		
[Insert response here.]	Demonstration month 1	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 2	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 3	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 4	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 5	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 6	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 7	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 8	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 9	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 10	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 11	*[Insert dates here.]*	*[Insert value here.]*		
(see above)	Demonstration month 12	*[Insert dates here.]*	*[Insert value here.]*		
[Insert response here.]	Demonstration year	*[Insert dates here.]*	*[Insert value here.]*		
[Insert response here.]	Calendar year				
	(see above)	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
	Insert response here	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
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Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
	Insert response here	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
	Insert response here	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
	Insert response here	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
[Insert response here.]	Calendar year				
	(see above)	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
	(see above)	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
[Insert response here.]	Demonstration month 1	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
(see above)	Demonstration month 2	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
(see above)	Demonstration month 3	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
(see above)	Demonstration month 4	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
(see above)	Demonstration month 5	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
(see above)	Demonstration month 6	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
(see above)	Demonstration month 7	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
(see above)	Demonstration month 8	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
(see above)	Demonstration month 9	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
(see above)	Demonstration month 10	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
(see above)	Demonstration month 11	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
(see above)	Demonstration month 12	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
[Insert response here.]	Demonstration month 1	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
(see above)	Demonstration month 2	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
(see above)	Demonstration month 3	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
(see above)	Demonstration month 4	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
(see above)	Demonstration month 5	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
(see above)	Demonstration month 6	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
(see above)	Demonstration month 7	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
(see above)	Demonstration month 8	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
(see above)	Demonstration month 9	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
(see above)	Demonstration month 10	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
(see above)	Demonstration month 11	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
(see above)	Demonstration month 12	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
[Insert response here.]	Demonstration year	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
[Insert response here.]	Demonstration year	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
[Insert response here.]	Demonstration year	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
[Insert response here.]	Calendar year				
	(see above)	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
	(see above)	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!

State-Specific Metrics Data and Trends

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
EXAMPLE: *XX_S_1* ***(Do not delete or edit this row)***	*EXAMPLE:* *Peer Recovery Support Services*	*EXAMPLE:* *Number of members who receive peer recovery support services in conjunction with other SUD treatment during the measurement period.*	*EXAMPLE:* *Claims*	*EXAMPLE:* *Increase*
A1	*Enroll five hundred (500) participants in the first year of the CWP.*	*Total enrollments as compared to total targeted enrollments for the reporting period.*	*Alabama Medicaid Agency (AMA) Monthly Enrollment Reports*	*Increase*
A2 (Y4 Data Only)	*Support participation in competitive integrated employment by CWP participants.*	*Percentage of working-age CWP participants who enrolled with a goal to obtain or maintain competitive integrated employment.*	*ADIDIS*	*Increase*
A2 (Data since Inception)	*Support participation in competitive integrated employment by CWP participants.*	*Percentage of working-age CWP participants who enrolled with a goal to obtain or maintain competitive integrated employment.*	*ADIDIS*	*Increase*
A3	*Keep families together and supporting independent living as the optimal community living options.*	*Percentage of CWP participants that are living with family/natural supports or living in an independent living arrangement.*	*ADIDIS*	*Increase*

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
A4	*Support use of self-direction by CWP participants.*	*Percentage of CWP participants who are opting to self-direct one or more of their services.*	*ADIDIS*	*Increase*
B1 (Y4 Data Only)	*Increase access to Medicaid for uninsured individuals with intellectual disabilities.*	*Percentage of CWP participants enrolled during the reporting period who initally qualified for and/or first received Medicaid coverage as a result of CWP enrollment.*	*ADMH-DDD Spreadsheet*	*Neutral*
B1 (Data since Inception)	*Increase access to Medicaid for uninsured individuals with intellectual disabilities.*	*Percentage of CWP participants enrolled during the reporting period who initally qualified for and/or first received Medicaid coverage as a result of CWP enrollment.*	*ADMH-DDD Spreadsheet*	*Neutral*
C1	*Ensure high CWP participant satisfaction.*	*Percentage of CWP participants surveyed during quality monitoring activities conducted during the reporting period who have measured satisfaction with the CWP that is at least 85%.*	*Survey Data*	*Increase*
C2	*Ensure high CWP participant satisfaction.*	*Percentage of CWP participants filing a grievance and/or appeal during the reporting period.*	*ADMH-DDD Spreadsheet*	*Decrease*
D1	*Utilize settings that conform to the greatest extent with the Medicaid Home and Community Based Services (HCBS) Settings Final Rule.*	*Percentage of CWP participants receiving all services in settings that are not provider owned or controlled.*	*ADIDIS*	*Increase*

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality

Metric Trends and Explanations	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
EXAMPLE: *There was a 10% increase in the use of peer recovery support services from December 2023 to January 2024 with the rollout of on-site peer specialists in emergency departments across the state. Peer specialists connections are required for all beneficiairies reporting to the emergency department with a chief complaint related to a substance use disorder.*	*EXAMPLE:* *Month 1*	*EXAMPLE:* *01/01/2024-1/31/2024*	*EXAMPLE: 650*	*EXAMPLE: n.a.*	*EXAMPLE: n.a.*
Enrollment processes have dramatically slowed this demonstration year due to newly identified fiscal challenges facing the operating agency (not CWP-related) and associated denial of approval to hire additional support coordinators that are required to continue expanding enrollments. It is hoped these challenges can be resolved in Y5. *The initial goal of 500 gross enrollments was met in the last quarter of Y3 with a year-end total of 515 gross enrollments. The overall net enrollment at the end of Y4 was 435 and gross enrollment was 620 as of September 30, 2025. Management of the waiting list and more focused enrollment procedures have been given increased attention in Y4. Weekly meetings with the Associate Commissioner and executive staff who supervise the waiver waiting list and waiver enrollments for all waivers were initiated in Y4. In addition to more consistent processes, the goal for these meetings is to result in an increase in quarterly enrollments, as well as timelier enrollment of individuals into waiver services, especially those in crises. Likewise, these meetings have yielded formal guidelines for the division to ensure all staff are cognizant of their various roles, timelines, and deliverables.*	Demonstration Year	*10/1/2024 - 9/30/2025*	*436*	*732*	*60*
In Y4, 21% of working-age enrollees with data in ADIDIS expressed interest in obtaining and maintaining competitive integrated employment as a reason for their desire to enroll in the CWP. One enrollment was outside the 14-65 age range and was not included in the denominator.	Demonstration Year	*10/1/2024 - 9/30/2025*	*14*	*68*	*21*
Since inception of the waiver, 32% of working-age enrollees have expressed interest in obtaining and maintaining competitive integrated employment.	Demonstration Year	*10/1/2021 - 9/30/2025*	*194*	*607*	*32*
CWP enrollees that were seeking services to sustain their family/natural living arrangement or to live independently with supports remains high. Overall, as of the last day of Y4, 91% of CWP enrollees were being supported to sustain family/natural living arrangements or live independently.	Demonstration Year	*10/1/2021 - 9/30/2025*	*396*	*436*	*91*

Metric Trends and Explanations	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
As of September 30, 2025, 47% of CWP participants have at least one service in their Person-Centered Plan (PCP) that they have chosen to self-direct. During Y3, CWP leadership staff collaborated with a contractor, Applied Self Direction, to develop tools and resources for support coordinators to actively assist participants, when needed, with locating workers to provide self-directed services. This initiative has positively impacted data as almost half of CWP participants with these options for services are choosing self-direction. While most participants have workers they can readily identify, some do not. To address this, these resources for support coordinators were developed and support coordinators were required to view the recorded training on these tools and resources. The relationship and communication between the self-directing participants and FMSAs have improved with fewer complaints and expressed concerns in Y3 and going into Y4/Q3. Each meeting has a formal agenda and includes time for participants/families/EORs to offer comments or ask questions.	Demonstration Year	*10/1/2021 - 9/30/2025*	*193*	*410*	*47*
Enrollees are pulled from the waiting list based in part on length of time waiting, and most typically already have Medicaid eligibility. There were no CWP enrollments during Y4 who did not already have Medicaid eligibility through another source.	Demonstration Year	*10/1/2024 - 9/30/2025*	*0*	*106*	*100*
Since inception the total for those who needed assitance with obtaining Medicaid eligibility is eight, which represents the total number of enrollments that needed 204/205 and 376 forms to enroll.	Demonstration Year	*10/1/2021 - 9/30/2025*	*8*	*621*	*99*
The CWP Participant Satisfaction Survey was updated to streamline the survey process, provide clearer direction and questions for people receiving services, and it was implemented using Zoho, an online platform, to simplify reporting in Y3/Q1. The survey was constructed using a Likert Scale. The Zoho survey tool has reporting capability to break down answers individually as well as aggregately. While all individual surveys indicate an overall rate of over 86%, one question on the survey had an average score of 76.92%, which is, "How satisfied are you with the Community Waiver Program supports for your goal to have a job at work?"	Demonstration Year	*10/1/2021 - 9/30/2025*	*90*	*100*	*90*
There was a total of one (1) grievance during the first demonstration year and none during the second or third demonstration years. There were two (2) grievances during the fourth demonstration years. No patterns or trends could be noted.	Demonstration Year	*10/1/2021 - 9/30/2025*	*3*	*436*	*99*
Of the 380 CWP participants as of the last day of the demonstration year who had a signed PCP including services in addition to Support Coordination created, only 50 were receiving a CWP-funded service in a setting that is a provider owned or controlled residential setting. This equates to 87% of participants where all services are outside of provider owned and controlled residential settings.	Demonstration Year	*10/1/2021 - 9/30/2025*	*330*	*380*	*87*

Metric Trends and Explanations	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage

Metrics Context

The state should use this tab to enter any additional metrics context as outlined in the Monitoring Report Instructions.

Note: Some metrics require the state to report additional methodology information. Please refer to Appendix B of the Medicaid Section 1115 Demonstration Monitoring Report Instructions for further information.

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Type	Summary	Relevant Metric(s)	Status
EXAMPLE: Reporting Issue ***(Do not delete or edit this row)***	*EXAMPLE: One large managed care plan updated its system for reporting its grievances in June 2023. This led to a significant increase in total number of grievances filed.*	*EXAMPLE: BA_4*	*EXAMPLE: Resolved. Trending from demonstration years prior to the update with demonstration years after the update should be interpreted with caution.*
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