

Revisions to Attachment B, Key Informant Interview Questions: MEPD Project Director (PD) Interview Questions

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
1.	All	All	Separate protocols by key informant group	For the 60-day Federal Register notice, all interview questions were presented in a single table with separate columns for each key informant group. The questions have now been divided into separate protocols for each key informant group.	Revised to allow for ease of administration.
2.	I. Introduction		Add as follows:	<p>Thank you for agreeing to speak with us. As you know, Mathematica Policy Research is evaluating the Medicaid Emergency Psychiatric Demonstration for the Centers for Medicare & Medicaid Services (CMS) through its Center for Medicare and Medicaid Innovation (CMMI). The evaluation will determine whether and to what extent using Medicaid funding to provide care for adults in private institutions for mental disease (IMDs) impacts service use, quality of care, and Medicaid costs.</p> <p>We are speaking with you to learn about changes in the state's role in administering the demonstration and associated costs, evolving contextual factors affecting psychiatric emergency and inpatient care in the state, and implementation facilitators and challenges.</p> <p>We will be taking notes during the interview and would like to audiotape our discussion to ensure that we have captured your comments accurately. The audio recording will not be shared with anyone outside of the project team and will be destroyed at the conclusion of the study. Is this okay with you?</p> <p>Do you have any questions before we get started?</p>	Added to provide background information and for conversational flow and rapport-building.
3.	II. Role and Responsibility	1.	Add as follows:	Has your role and responsibilities changed since we last spoke on [insert date of fall 2012 interview]?	Needed to ensure informant role and responsibilities are current and correct.
4.	III. Program Design	2. - 5.	Move entire section	Questions in Program Design section were moved from the end of the interview guide to the beginning.	Revised to facilitate conversational flow.

Changes to MEPD PD Interview Questions (*continued*)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
5.	IV. Access to Inpatient Psychiatric Care		Add as follows:	Next, I'd like to talk about access to care.	Added to introduce transition to a different discussion topic.
6.	IV. Access to Inpatient Psychiatric Care	6.	Revise as follows:	Replace: How does access to inpatient psychiatric care for Medicaid beneficiaries experiencing a psychiatric emergency compare to access for those beneficiaries before the demonstration? (Probe: Has it increased or decreased? Why?) With: How does access to inpatient psychiatric care for Medicaid beneficiaries experiencing a psychiatric emergency compare to access for those beneficiaries before the demonstration? (PROBE: Has access to inpatient psychiatric care increased or decreased? Why or why not?)	Revised for clarity.
7.	IV. Access to Inpatient Psychiatric Care	7. – 8.	Revise as follows:	Replace: Have there been any changes in patient enrollment estimates since we spoke last [insert date]? If so, what accounts for this change? With: Have there been any changes in patient enrollment estimates since we last spoke on [insert date of fall 2012 interview]? If there has been a change in patient enrollment, what accounts for this change?	Revised for clarity.
8.	V. Boarding Time in ER and General Hospital Scatter Beds		Add as follows:	I'd like to shift the discussion to boarding in ERs and general hospital scatter beds.	Added to introduce transition to a different discussion topic.
9.	V. Boarding Time in ER and General Hospital Scatter Beds	9.	Move question up from last section of the interview, and revise as follows:	Replace: Can you discuss the extent of emergency room boarding and shortage of inpatient beds in the state? With: Can you discuss the extent of emergency room boarding in the state?	Moved to an earlier section to facilitate flow of conversation. Revised to clarify and simplify the compound question; shortage of inpatient beds is now discussed separately in question 32.

Changes to MEPD PD Interview Questions (*continued*)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
10.	V. Boarding Time in ER and General Hospital Scatter Beds	10.	Move question up from last section of the interview, and revise as follows:	Replace: Can you discuss the extent of general hospital psychiatric boarding and shortage of inpatient beds in the state? With: Can you discuss the extent of psychiatric boarding in general hospital scatter beds in the state?	Moved to an earlier section to facilitate flow of conversation. Revised to clarify and simplify the compound question; shortage of inpatient beds is now discussed separately in question 32.
11.	V. Boarding Time in ER and General Hospital Scatter Beds	11. – 14.	Revise as follows:	Replace: How does psychiatric boarding time in ERs and GH scatter beds for patients with psychiatric emergencies compare to boarding times for psychiatric emergencies before the demonstration? (Probe: Has it increased or decreased? Why? Is this different for Medicaid beneficiaries? With: How does psychiatric boarding time in ERs for patients with psychiatric emergencies compare to boarding times for psychiatric emergencies before the demonstration? (PROBE: Has boarding time increased or decreased? Why?) Is this different for Medicaid beneficiaries? How does psychiatric boarding time in GH scatter beds for patients with psychiatric emergencies compare to boarding times for psychiatric emergencies before the demonstration? (PROBE: Has boarding time increased or decreased? Why?) Is this different for Medicaid beneficiaries?	Separated the main question and follow-up question into different questions for ERs and GHs to clarify the compound question.
12.	VI. Referral and Admission		Add as follows:	Next, I'd like to talk about referral and admission, stabilization, and discharge planning.	Added to introduce transition to different discussion topics.

Changes to MEPD PD Interview Questions (*continued*)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
13.	VIII. Length of Stay	20.	Revise as follows:	<p>Replace: What is the average length of stay for patients enrolled in the demonstration? What is the average length of stay for patients not participating in the demonstration? (e.g., Medicaid beneficiaries with psychiatric emergencies who are admitted to public IMDs, general hospitals, or alternatives.)</p> <p>With: How does the average length of stay for patients enrolled in the demonstration compare to the average length of stay for patients not participating in the demonstration? (e.g., Medicaid beneficiaries with psychiatric emergencies who are admitted to the public IMDs, general hospitals, or alternatives.)</p>	Revised to reduce burden on respondents. Specific data on length of stay for patients enrolled in the demonstration are already available through existing CMS payment and monitoring data; similar data for nonparticipants may be difficult to obtain across multiple types of alternative facilities. The revised question allows the informant to answer in more general impressionistic terms.
14.	IX. Discharge Planning	21.	Revise as follows:	<p>Replace: How has the proportion of Medicaid beneficiaries with psychiatric emergencies who are discharged from the participating IMDs with a continuing care plan changed as a result of the demonstration? How has the quality of discharge planning changed under the demonstration? (Probe: Has it improved, worsened, or stayed the same?) How are patients involved in discharge planning under the demonstration? (Probe: How does this impact the patient's discharge experience?)</p> <p>With: What kinds of changes, if any, have occurred regarding post-discharge follow up procedures for Medicaid beneficiaries as a result of the demonstration?</p>	Revised to decrease the length of the interview to lessen the burden on respondent. The previous more detailed questions will still be asked in the IMD staff interview protocol, as IMD personnel who are doing the discharge planning will be able to provide more specific information.
15.	XI. Context		Add as follows:	Next, I'd like to talk about the context in which the demonstration is operating.	Added to introduce transition to a different discussion topic.

Changes to MEPD PD Interview Questions (*continued*)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
16.	XI. Context	32.	Revise as follows:	<p>Replace: Can you discuss the extent of emergency room boarding and shortage of inpatient beds in the state? and Can you discuss the extent of general hospital psychiatric boarding and shortage of inpatient beds in the state?</p> <p>With: Can you discuss the extent to which there is a shortage of inpatient psychiatric beds in the state?</p>	Revised to clarify and simplify the compound questions; extent of emergency room and general hospital psychiatric boarding are now discussed separately in questions 9 and 10.
17.	XII. Outcomes		Add as follows:	I'd like to conclude the interview by talking about outcomes of the demonstration.	Added to introduce transition to different discussion topics.
18.	XIII. Closing		Add as follows:	That completes the questions we have for you today.	Added for conversation flow and make informant aware that the interview has ended.
19.	XIII. Closing		Add as follows:	Is there anything we should have asked about but didn't?	Added for conversational flow and rapport-building.
20.	XIII. Closing		Add as follows:	Do you have anything you would like to tell us, or questions you would like to ask us?	Added for conversational flow and rapport-building.
21.	XIII. Closing		Add as follows:	Thank you again for taking the time to speak with us. We appreciate and value your input.	Added to let informant know that we appreciate their time.

Revisions to Attachment B, Key Informant Interview Questions: MEPD IMD Staff Member Interview Questions

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
1.	All	All	Separate protocols by key informant group	For the 60-day Federal Register notice, all interview questions were presented in a single table with separate columns for each key informant group. The questions have now been divided into separate protocols for each key informant group.	Revised to allow for ease of administration.
2.	I. Introduction		Add as follows:	<p>Thank you for taking the time to speak with us. We are from Mathematica Policy Research, an independent research firm contracted by the Centers for Medicare & Medicaid Services (CMS) through its Center for Medicare and Medicaid Innovation (CMMI) to evaluate the Medicaid Emergency Psychiatric Demonstration. The three-year demonstration allows eligible, private institutions for mental disease (IMDs) in participating states to receive federal Medicaid reimbursement for adults ages 18 to 64. The purpose of the demonstration is to make inpatient care more accessible to adult Medicaid beneficiaries with psychiatric emergency medical conditions. The evaluation will determine whether and to what extent using Medicaid funding to provide care for adults in private IMDs impacts service use, quality of care, and Medicaid costs.</p> <p>We are speaking with you to learn about how care is provided in [insert name of IMD]. In particular; we are interested in understanding how the referral and admission, stabilization and discharge planning processes differ for Medicaid beneficiaries as a result of the demonstration.</p> <p>We will be taking notes during the interview and would like to audiotape our discussion to ensure that we have captured your comments accurately. The audio recording will not be shared with anyone outside of the project team and will be destroyed at the conclusion of the study. Is this okay with you?</p> <p>Do you have any questions before we get started?</p>	Added to provided background information and for conversational flow and rapport-building.

Changes to MEPD IMD Staff Member Interview Questions (continued)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
3.	II. Role and Responsibilities	1.	Add as follows:	Please describe your role and responsibilities at [<i>insert name of IMD</i>].	Needed to ensure informant role and responsibility is current and correct.
4.	II. Role and Responsibilities	2.	Add as follows:	How long have you been in this role?	Needed to ensure informant role and responsibility is current and correct.
5.	II. Role and Responsibilities	3.	Add as follows:	How long have you worked at [<i>insert name of IMD</i>]?	Needed to ensure informant role and responsibility is current and correct.
6.	II. Role and Responsibilities	4.	Add as follows:	Are you aware that [<i>insert name of IMD</i>] is participating in the Medicaid Emergency Psychiatric Demonstration?	Based on informant's awareness of the study, some questions in the protocol may be skipped.
7.	III. Program Design	5. – 8.	Move entire section.	Questions in Program Design section were moved from the end of the interview guide to the beginning.	Revised to facilitate conversation flow.
8.	IV. Access to Inpatient Psychiatric Care		Add as follows:	I would like to discuss access to care.	Added to introduce transition to a different topic.
9.	IV. Access to Inpatient Psychiatric Care	9.	Revise as follows:	Replace: (Probe: Has it increased or decreased? Why?) With: <i>PROBE</i> : Has access to inpatient psychiatric care increased or decreased? Why or why not?	Revised for clarity.
10.	IV. Access to Inpatient Psychiatric Care	10.	Revise as follows:	Replace: How has the mix of patients in your IMD changed since implementing the demonstration? With: How has the mix of patients in this hospital changed since implementing the demonstration on [<i>insert date of implementation</i>]?	Revised for clarity.
11.	IV. Access to Inpatient Psychiatric Care	11.	Revise as follows:	Replace: Are you noticing any trends in the participation of a particular sub-group of populations eligible for the demonstration (e.g., trends by age, race, gender, Medicaid eligibility status)? If so, please describe. With: Are you noticing any trends in the participation of a particular sub-group of populations eligible for the demonstration (e.g., trends by age, race, gender, Medicaid eligibility status)? If so, please describe these trends.	Revised for clarity.

Changes to MEPD IMD Staff Member Interview Questions (continued)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
12.	IV. Access to Inpatient Psychiatric Care	12.	Revise as follows:	Replace: Are you having challenges with implementing patient eligibility criteria? If so, please discuss these. With: Are you having challenges with implementing patient eligibility criteria? If so, please describe these challenges .	Revised for clarity.
13.	IV. Access to Inpatient Psychiatric Care	13. – 14.	Revise as follows:	Replace: Have there been any changes in patient enrollment estimates since we spoke last [insert date]? If so, what accounts for this change? With: Have there been any changes in patient enrollment estimates since we last spoke on [insert date]? If there has been a change in patient enrollment estimates , what accounts for this change?	Revised for clarity.
14.	V. Boarding Time in ER		Add as follows:	Now I'd like to talk about the amount of time patients spend in the ER or intake department prior to admission.	Added to introduce transition to a different topic.
15.	V. Boarding Time in ER	16.	Revise as follows:	Replace: Does this IMD have an ER? With: Does this hospital have an ER or a place where someone comes (for example, an intake or assessment department) because they are experiencing a psychiatric emergency condition? Is so, please describe. [<i>Obtain during site visit planning.</i>]	Revised for clarity. We learned during the pilot test that some IMDs may not have ERs, per se, but do have intake units where people who are experiencing psychiatric emergencies can come.
16.	V. Boarding Time in ER	17.	Revise as follows:	Replace: <i>If so</i> , before the demonstration, did your facility ever have to board Medicaid patients in the ER while awaiting admission to a hospital for a psychiatric emergency? With: Before the demonstration, did this facility ever have to board Medicaid patients in the ER or intake/assessment department while awaiting admission to a hospital for psychiatric emergency?	Revised for clarity.
17.	V. Boarding Time in ER	18.	Revise as follows:	Replace: Has this changed since the demonstration was implemented? With: Has this changed since the demonstration was implemented in [<i>insert date of implementation</i>]?	Revised for clarity.

Changes to MEPD IMD Staff Member Interview Questions (continued)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
18.	V. Boarding Time in ER	19.	Revise as follows:	Replace: If so, on average, how long does a patient with a psychiatric emergency currently wait in the ER once it has been decided that psychiatric hospitalization is needed? With: If this has changed since the demonstration , on average how long does a patient with a psychiatric emergency currently wait in the ER or intake/assessment department once it has been decided that psychiatric hospitalization is needed?	Revised for clarity.
19.	V. Boarding Time in ER	21.	Revise as follows:	Replace: Has this changed since the demonstration began in <i>[start date of demonstration in state]</i> ? (Probe: Has it increased or decreased? Why?) With: Has this changed since the demonstration began in <i>[insert date of implementation]</i> ? PROBE: Have wait times in the ER or intake/assessment department increased or decreased since the demonstration began? Why or why not?	Revised for clarity.
20.	VI. Referral and Admission		Add as follows:	I'd like to shift the discussion to referral and admission to this hospital.	Added to introduce transition to a different topic.
21.	VI. Referral and Admission	26.	Move question down from first one in this section to the last one in section.	What are your primary methods for identifying patients for the demonstration?	Moved to last question asked in this section to facilitate flow of conversation.
22.	VI. Referral and Admission	22., 22a.	Revise as follows:	Replace: What is the primary source of referral for demonstration patients? With: What is the <u>primary</u> source of referral for patients to this hospital? [Ask only if informant is aware of the demonstration.] Is that the same referral source for <u>demonstration patients</u> ? If not, what is the primary referral source for <u>demonstration patients</u> ?	Revised to make clearer for staff members who are not aware of the demonstration per se.

Changes to MEPD IMD Staff Member Interview Questions (continued)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
23.	VI. Referral and Admission	23., 23a.	Revise as follows:	Replace: What are other sources of referral for demonstration patients? With: What are <u>other</u> sources of referral for patients to this hospital? <i>[Ask only if informant is aware of the demonstration.]</i> Are the other referral sources the same for <u>demonstration patients</u> ? If not, what are the other sources of referral for <u>demonstration patients</u> ?	Revised to make clearer for staff members who are not aware of the demonstration per se.
24.	VI. Referral and Admission	25.	Revise as follows:	Replace: How does the referral and admission process under the demonstration differ from what you were doing before the demonstration? With: How does the referral process since the demonstration began differ from what you were doing before the demonstration?	Revised for clarity.
25.	VII. Stabilization		Add as follows:	Next, I would like to discuss procedures for stabilizing patients.	Added to introduce transition to a different topic.
26.	VII. Stabilization	30.	Revise as follows:	Replace: What types of treatments do demonstration patients receive while in this IMD? With: What types of treatments do patients receive while in this hospital? PROBE: What types of therapies and modes are offered, for example, psychotherapies (CBT, interpersonal therapy, and behavioral therapy), psychoeducation and individual and/or group psychotherapy, or other therapeutic treatments?	Revised for clarity.
27.	VIII. Length of Stay	33.	Revise as follows:	Replace: What is the average length of stay for patients not participating in the demonstration? (e.g., people with psychiatric emergencies with other payment sources and people without psychiatric emergencies)? With: What is the average length of stay for patients in this hospital? PROBE: For example, people with psychiatric emergencies with payment sources other than Medicaid and people without psychiatric emergencies.	Revised for clarity.

Changes to MEPD IMD Staff Member Interview Questions (continued)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
28.	IX. Discharge Planning		Add as follows:	Now I'd like to talk about discharge planning and post-discharge care.	Added to introduce transition to a different topic.
29.	IX. Discharge Planning	35., 35a.	Add as follows:	<p>Could you please describe the hospital's discharge planning procedures? <i>[Ask only if informant is aware of the the demonstration]</i> Are the discharge planning procedures the same for demonstration patients? If not, how do they differ?</p>	Added to aid conversational flow. If later questions have already been answered through this more general question, they will not be asked. Second portion of the question added to clarify how discharge procedures have or have not changed in association with the demonstration.
30.	IX. Discharge Planning	46., 46a., 47., 48., 49.	Revise as follows:	<p>Replace: How has the proportion of Medicaid beneficiaries with psychiatric emergencies who are discharged from the participating IMDs with a continuing care plan changed as a result of the demonstration? With: What types of aftercare services are provided to patients? <i>[Ask only if informant is aware of the demonstration.]</i> What types of aftercare services are provided to <u>demonstration patients</u>? Where do the majority of patients typically receive aftercare services? <i>[Ask only if informant is aware of the demonstration.]</i> Where do the majority of <u>demonstration patients</u> typically receive aftercare services? Could you please describe the post discharge follow up procedures for Medicaid beneficiaries? <i>[Ask only if informant is aware of demonstration.]</i> What kinds of changes, if any, have occurred regarding post-discharge follow up procedures for Medicaid beneficiaries as a result of the demonstration?</p>	Desired more detail regarding the aftercare that is provided and any changes that may have occurred due to the demonstration.

Changes to MEPD IMD Staff Member Interview Questions (continued)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
31.	IX. Discharge Planning	36.	Revise as follows:	Replace: How does the discharge planning process under the demonstration differ from what you were doing before the demonstration? With: How does the discharge planning process differ now from what you were doing prior to the demonstration?	Revised for clarity.
32.	IX. Discharge Planning	37.	Revise as follows:	Replace: How has the quality of discharge planning changed under the demonstration? (Probe: Has it improved, worsened, or stayed the same?) With: How has the quality of discharge planning changed under the demonstration? PROBE: Has the quality of discharge planning improved, worsened, or stayed the same?	Revised for clarity.
33.	IX. Discharge Planning	38.	Revise as follows:	Replace: How are demonstration patients at your hospital involved in discharge planning under the demonstration? (Probe: How does this impact the patient's discharge experience?) Is this different than how non-demonstration patients are involved in discharge planning? If so, how? With: How are patients at your hospital involved in discharge planning? PROBE: How does patient involvement (or lack of) impact the patient's discharge experience?	Revised to obtain more specifics about how patient involvement affects discharge planning.
34.	IX. Discharge Planning	40.	Revise as follows:	Replace: How has the amount of time staff spend developing discharge plans under the demonstration compare to time staff spent on discharge planning for Medicaid beneficiaries before the demonstration? (Probe: Is this helpful? If so, how?) With: How does the amount of time staff spend developing discharge plans now compare to the amount of time staff spent on discharge planning for Medicaid beneficiaries prior to the demonstration?	Revised for clarity.

Changes to MEPD IMD Staff Member Interview Questions (continued)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
35.	IX. Discharge Planning	41., 43., 44., 45., 45a.	Revise as follows:	<p>Replace: Under the demonstration, has the proportion of Medicaid beneficiaries with psychiatric emergencies discharged from your hospital to community-based residences changed? (Probe: How? To where are demonstration patients being discharged most frequently?)</p> <p>With: Under the demonstration, has the proportion of Medicaid beneficiaries with psychiatric emergencies discharged from your hospital to community-based residences changed?</p> <p>PROBE: How has the proportion discharged from your hospital to community-based residences changed? <i>[Ask only if informant is aware of the demonstration.]</i></p> <p>To where is the majority of patients discharged?</p> <p>PROBE: For example, home, group home or other structured setting, jail, or patients are homeless.</p> <p>To where is the majority of <u>demonstration patients</u> discharged?</p> <p>What proportion of patients are discharged outside of the local area?</p> <p><i>[Ask only if informant is aware of the demonstration.]</i> What proportion of <u>demonstration patients</u> are discharged outside of the local area?</p>	Revised to make clearer for staff members who are not aware of the demonstration per se and to get more specific information about discharge disposition.
36.	IX. Discharge Planning	42.	Revise as follows:	<p>Replace: Under the demonstration, has the level of detail included in discharge plans changed? (Probe: How? What is included?)</p> <p>With: Under the demonstration, has the level of detail included in discharge plans changed?</p> <p>PROBE: How has the level of included detail changed? What is included?</p>	Revised for clarity.
37.	X. Cost		Add as follows:	I'd like to ask next a few questions about cost.	Added to introduce transition to a different topic.

Changes to MEPD IMD Staff Member Interview Questions (continued)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
38.	X. Cost	52.	Revise as follows:	Replace: What, if any, were the administrative costs to the IMD to fully implement the demonstration (e.g. for staffing or making changes to the physical environment)? With: What, if any, were the administrative costs to the hospital to fully implement the demonstration (e.g., for staffing or making changes to the physical environment)?	Revised for clarity.
39.	XI. Context		Add as follows:	I'd like to talk about the availability of mental health services.	Added to introduce transition to a different topic.
40.	XI. Context	53., 53a.	Revise as follows:	Replace: What types of step-down and outpatient services are available for demonstration patients? With: What types of psychiatric step-down and outpatient services are available for patients ? <i>[Ask only if informant is aware of demonstration.]</i> What types of psychiatric step-down and outpatient services are available for <u>demonstration patients</u> ?	Revised to make clearer for staff members who are not aware of the demonstration per se.
41.	XI. Context	54., 54a.	Revise as follows:	Replace: Are step-down and outpatient services reimbursed by Medicaid? If not, how are these services funded? With: Are psychiatric step-down and outpatient services reimbursed by Medicaid? If not, how are these services funded?	Revised for clarity.
42.	XI. Context	55.	Revise as follows:	Replace: Please describe the working relationship your facility has with step-down or outpatient providers. With: Please describe the working relationship your facility has with psychiatric step-down or outpatient providers.	Revised for clarity.

Changes to MEPD IMD Staff Member Interview Questions (continued)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
43.	XI. Context	56.	Revise as follows:	<p>Replace: Have there been any changes in mental health service delivery that could affect the demonstration (e.g., closure of facilities, new IMDs opening, changes in availability of community-based services)?</p> <p>With: Have there been any changes in mental health service delivery that could affect the demonstration (e.g., closure of facilities, new <i>IMDs/hospitals</i> opening, changes in availability of community-based services)?</p>	Revised for clarity.
44.	XI. Context	57.	Revise as follows:	<p>Replace: Are you aware of any local-level initiatives that may be changing the incidence of psychiatric emergencies and access to services for patients experiencing a psychiatric emergency?</p> <p>With: Are you aware of any local-level events or initiatives that may be changing the incidence of psychiatric emergencies and access to services for patients experiencing a psychiatric emergency?</p>	Revised for clarity.
45.	XII. Outcomes		Add as follows:	I'd like to conclude by talking about outcomes of the demonstration.	Added to introduce transition to a different topic.
46.	XIII. Closing		Add as follows:	That completes the questions we have for you today.	Added for conversation flow and make informant aware that the interview is over.
	XIII. Closing		Add as follows:	Is there anything we should have asked about but didn't?	Added for conversation flow and rapport-building.
	XIII. Closing		Add as follows:	Do you have anything you would like to tell us, or questions you would like to ask us?	Added for conversation flow and rapport-building.
	XIII. Closing		Add as follows:	Thank you again for taking the time to speak with us. We appreciate and value your input.	Added to let informant know that we appreciate their time.

Revisions to Attachment B, Key Informant Interview Questions: MEPD GH Staff Member Interview Questions

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
1.	All	All	Separate protocols by key informant group	For the 60-day Federal Register notice, all interview questions were presented in a single table with separate columns for each key informant group. The questions have now been divided into separate protocols for each key informant group.	Revised to allow for ease of administration.
2.	I. Introduction		Add as follows:	<p>Thank you for taking the time to speak with us. We are from Mathematica Policy Research, an independent research firm contracted by the Centers for Medicare & Medicaid Services (CMS) through its Center for Medicare and Medicaid Innovation (CMMI) to evaluate the Medicaid Emergency Psychiatric Demonstration. The three-year demonstration allows eligible, private institutions for mental disease (IMDs) in participating states to receive federal Medicaid reimbursement for adults ages 21 to 64. The purpose of the demonstration is to make inpatient care more accessible to adult Medicaid beneficiaries with psychiatric emergency medical conditions. The evaluation will determine whether and to what extent using Medicaid funding to provide care for adults in private IMDs impacts service use, quality of care, and Medicaid costs.</p> <p>We are speaking with you to learn about how care is provided in <i>[insert name of GH]</i>. In particular, we are interested in understanding how care is provided to Medicaid beneficiaries experiencing a psychiatric emergency and the process of referring these individuals for inpatient psychiatric treatment.</p> <p>We will be taking notes during the interview and would like to audiotape our discussion to ensure that we have captured your comments accurately. The audio recording will not be shared with anyone outside of the project team and will be destroyed at the conclusion of the study. Is this okay with you?</p> <p>Do you have any questions before we get started?</p>	Added to provide background information and for conversational flow and rapport-building.

Changes to MEPD GH Staff Member Interview Questions (continued)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
3.	II. Role and Responsibilities	1.	Add as follows:	Please describe your role and responsibilities at [insert name of GH].	Needed to ensure informant role and responsibilities are current and correct.
4.	II. Role and Responsibilities	2.	Add as follows:	How long have you been in this role?	Needed to ensure informant role and responsibilities are current and correct.
5.	II. Role and Responsibilities	3.	Add as follows:	How long have you worked at [insert name of GH]?	Needed to ensure informant role and responsibilities are current and correct.
6.	II. Role and Responsibilities	4.	Add as follows:	Are you aware of the state's participation in the Medicaid Emergency Psychiatric Demonstration?	Based on informant's awareness of the study, some questions in the protocol may be skipped.
7.	III. Program Design	5.	Add as follows:	Have you seen any service improvements since [insert name(s) of participating IMD(s)] began the demonstration? PROBE: For example, changes in procedures for identifying available inpatient beds, ER diversion, use of peer supports in ER, use of mobile crisis team.	Added to obtain staff perceptions of change since demonstration began.
8.	IV. Access to Care		Add as follows:	Next, I would like to discuss access to care.	Added to introduce transition to a different topic.
9.	V. Boarding Time in ER		Add as follows:	Now I'd like to talk about the amount of time patients spend in the ER prior to admission.	Added to introduce transition to a different topic.
10.	V. Boarding Time in the ER	9.	Add as follows:	Has this changed since [insert start date of demonstration in state]?	Added in order to obtain needed information about change due to the demo.
11.	V. Boarding Time in the ER	10.	Add as follows:	If a change was observed, what factors do you think account for the change?	Added in order to obtain more information.
12.	VI. Referral and Admission		Add as follows:	I'd like to shift the discussion to referral and admission to this hospital.	Added to introduce transition to a different topic.
13.	VII. Stabilization	13.	Revise as follows:	Replace: What type of treatment do patients experiencing psychiatric emergencies receive while in non-psychiatric units of this hospital? With: Next, please tell me about the types of treatments patients experiencing psychiatric emergencies receive while in non-psychiatric units of this hospital.	Revised for conversation flow.

Changes to MEPD GH Staff Member Interview Questions (continued)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
14.	VII. Stabilization	17.	Revise as follows:	Replace: Is there anything you would like done differently? With: Is there anything you would like to see done differently in how patients with psychiatric emergencies are stabilized on non-psychiatric units of this hospital?	Revised for clarity.
15.	VIII. Length of Stay	19.	Revise as follows:	Replace: On average, how long do psychiatric emergency patients stay in non-psychiatric units of your hospital while awaiting admission to a psychiatric unit or psychiatric hospital? With: On average, how long do psychiatric emergency patients stay in non-psychiatric units of this hospital while awaiting admission to a psychiatric unit or psychiatric hospital?	Revised for clarity.
16.	IX. Discharge Planning		Add as follows:	Now I'd like to talk about discharge planning and post-discharge care.	Added to introduce transition to a different topic.
17.	IX. Discharge Planning		Delete as follows:	Please describe the discharge process for psychiatric patients admitted to non-psychiatric units of this hospital.	Deleted because was identical to the question that followed it.
18.	IX. Discharge Planning	25.	Add as follows:	What types of aftercare services are provided to psychiatric patients?	Added to obtain more detail about services following discharge.
19.	X. Context		Add as follows:	I'd like to talk about the context in which the demonstration is operating.	Added to introduce transition to a different topic.
20.	X. Context	28.	Revise as follows:	Replace: Have the sources of referral to the unit changed? With: Have the sources of referral to the unit changed since the demonstration was implemented [insert date of implementation]?	Revised for clarity.
21.	X. Context	31.	Revise as follows:	Replace: Has the average length of stay or discharge planning process changed? With: Has the average length of stay or discharge planning process changed since implementing the demonstration on [insert date of implementation]?	Revised for clarity.
22.	X. Context		Delete as follows:	Is your hospital involved in other initiatives that could influence emergency room boarding (e.g., quality improvement initiatives)?	Deleted to decrease burden—not critical for GH staff to answer. Still asked in ER staff interview protocol.

Changes to MEPD GH Staff Member Interview Questions (continued)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
23.	XI. Closing		Add as follows:	<i>That completes the questions we have for you today.</i>	Added for conversation flow and make informant aware that the interview is over.
24.	XI. Closing		Add as follows:	<i>Is there anything we should have asked about but didn't?</i>	Added for conversation flow and rapport-building.
25.	XI. Closing		Add as follows:	<i>Do you have anything you would like to tell us, or questions you would like to ask us?</i>	Added for conversation flow and rapport-building.
26.	XI. Closing		Add as follows:	<i>Thank you again for taking the time to speak with us. We appreciate and value your input.</i>	Added to let informant know that we appreciate their time.

Revisions to Attachment B, Key Informant Interview Questions: MEPD ER Staff Member Interview Questions

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
1.	All	All	Separate protocols by key informant group	For the 60-day Federal Register notice, all interview questions were presented in a single table with separate columns for each key informant group. The questions have now been divided into separate protocols for each key informant group.	Revised to allow for ease of administration.
2.	I. Introduction		Add as follows:	<p>Thank you for taking the time to speak with us. We are from Mathematica Policy Research, an independent research firm contracted by the Centers for Medicare & Medicaid Services (CMS) through its Center for Medicare and Medicaid Innovation (CMMI) to evaluate the Medicaid Emergency Psychiatric Demonstration. The three-year demonstration allows eligible, private institutions for mental disease (IMDs) in participating states to receive federal Medicaid reimbursement for adults ages 21 to 64. The purpose of the demonstration is to make inpatient care more accessible to adult Medicaid beneficiaries with psychiatric emergency medical conditions. The evaluation will determine whether and to what extent using Medicaid funding to provide care for adults in private IMDs impacts service use, quality of care, and Medicaid costs.</p> <p>We are speaking with you to learn about how care is provided in <i>[insert name of ER]</i> In particular, we are interested in understanding how care is provided to Medicaid beneficiaries experiencing a psychiatric emergency and the process of referring these individuals for inpatient psychiatric treatment.</p> <p>We will be taking notes during the interview and would like to audiotape our discussion to ensure that we have captured your comments accurately. The audio recording will not be shared with anyone outside of the project team and will be destroyed at the conclusion of the study. Is this okay with you?</p> <p>Do you have any questions before we get started?</p>	Added to provide background information and for conversational flow and rapport-building.

Changes to MEPD ER Staff Member Interview Questions (*continued*)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
3.	II. Role and Responsibilities	1.	Add as follows:	Please describe your role and responsibilities at [<i>insert name of ER</i>].	Needed to ensure informant role and responsibilities are current and correct.
4.	II. Role and Responsibilities	2.	Add as follows:	How long have you been in this role?	Needed to ensure informant role and responsibilities are current and correct.
5.	II. Role and Responsibilities	3.	Add as follows:	How long have you worked at [<i>insert name of ER</i>]?	Needed to ensure informant role and responsibilities are current and correct.
6.	II. Role and Responsibilities	4.	Add as follows:	Are you aware of the state's participation in the Medicaid Emergency Psychiatric Demonstration?	Based on informant's awareness of the study, some questions in the protocol may be skipped.
7.	III. Program Design	5.	Move section:	Question in Program Design section was moved from the end of the interview guide to the beginning.	Revised to facilitate conversational flow.
8.	III. Program Design	5.	Revise as follows:	Replace: Have you seen any service improvements since [<i>name of participating IMDs</i>] began the demonstration? With: Have you seen any service improvements since [<i>insert name(s) of participating IMD(s)</i>] began the demonstration? PROBE: For example, changes in procedures for identifying available inpatient beds, ER diversion, use of peer supports in ER, use of mobile crisis teams.	Revised for clarity.
9.	IV. Access to Inpatient Psychiatric Care		Add as follows:	Next, I would like to discuss access to care.	Added to introduce transition to a different topic.
10.	IV. Access to Inpatient Psychiatric Care	7.	Revise as follows:	Replace: Please describe your experience working with individuals experiencing a psychiatric emergency. With: Please describe how you work with individuals experiencing a psychiatric emergency.	Revised for clarity.

Changes to MEPD ER Staff Member Interview Questions (*continued*)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
11.	IV. Access to Inpatient Pyschiatric Care	8., 8a.	Revise as follows:	Replace: I understand that this hospital has a psychiatric unit. Do you contact the unit to determine bed availability? <i>If not, why not?</i> With: I understand that this hospital has a psychiatric unit. Do you contact the unit to determine bed availability? If the psychiatric unit is not contacted, please explain why.	Revised for clarity.
12.	IV. Access to Inpatient Psychiatric Care	9.	Revise as follows:	Replace: Which other facilities do you contact for inpatient care for patients with a psychiatric emergency? With: Which facilities do you contact for inpatient care for patients with a psychiatric emergency?	Revised for clarity
13.	IV. Access to Inpatient Psychiatric Care	10.	Revise as follows:	Replace: Are the facilities the same for Medicaid beneficiaries? (Probe: Why or why not? Is there a particular order in which you contact hospitals?) With: Are the facilities you contact the same facilities you contact for Medicaid beneficiaries? PROBE: Why or why not? Is there a particular order in which you contact hospitals?	Revised for clarity.
14.	IV. Access to Inpatient Psychiatric Care	11., 11a.	Revise as follows:	Replace: What is your experience with the rate at which patients with psychiatric emergencies are accepted by these hospitals? Is it different for Medicaid beneficiaries? With: What is your experience with the rate at which patients with psychiatric emergencies are accepted by these hospitals? Is the acceptance rate different for Medicaid beneficiaries?	Revised for clarity.
15.	V. Boarding Time in ER		Add as follows:	Now I'd like to talk about the amount of time patients spend in the ER prior to admission.	Added to introduce transition to a different topic.
16.	V. Boarding Time in ER	13.	Revise as follows:	Replace: Is this different for Medicaid beneficiaries? With: Are wait times different for Medicaid beneficiaries?	Revised for clarity.

Changes to MEPD ER Staff Member Interview Questions (*continued*)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
17.	IV. Referral and Admission		Add as follows:	I'd like to switch the discussion to referral and admission of patients experiencing a psychiatric emergency to psychiatric hospitals.	Added to introduce transition to a different topic.
18.	IV. Referral and Admission	18.	Revise as follows:	Replace: Have you noticed any changes since <i>[start date of demonstration in state]</i> in how patients who present with a psychiatric emergency in your ER are admitted? (Probe: Do you contact a different person to assess the patient's level of need? Are the verification process or eligibility criteria different?) With: Have you noticed any changes since <i>[insert start of demonstration in state]</i> in how patients who present with a psychiatric emergency in your ER are admitted? PROBE: Do you contact a different person to assess the patient's level of need? Are the verification process or eligibility criteria different? Has the timing of the verification process changed?	Revised for clarity.
19.	IV. Referral and Admission	19.	Revise as follows:	Replace: Have there been any changes in the types of patients admitted? (Probe: Were there any patients not admitted for inpatient care that you felt should have been?) With: Have there been any changes in the types of patients admitted since <i>[insert start of demonstration in state]</i> ? PROBE: Were there any patients not admitted for inpatient care that you felt should have been?	Revised for clarity.
20.	VII. Stabilization	21.	Revise as follows:	Replace: Describe the stabilization processes you use to treat psychiatric emergencies. With: Next, please describe how patients experiencing a psychiatric emergency are stabilized in the ER.	Revised for clarity.
21.	VII. Stabilization	22.	Revise as follows:	Replace: Have these changed since the demonstration was implemented? With: Have these processes changed since the demonstration was implemented?	Revised for clarity.

Changes to MEPD ER Staff Member Interview Questions (*continued*)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
22.	IX. Context		Add as follows:	I'd like to talk about the context in which the demonstration is operating.	Added to introduce transition to a different topic.
23.	X. Outcomes		Add as follows:	I'd like to conclude the interview by talking about outcomes of the demonstration.	Added to introduce transition to a different topic.
24.	XI. Closing		Add as follows:	That completes the questions we have you you today.	Added for conversational flow and to make informant aware that the interview is over.
25.	XI. Closing		Add as follows:	Is there anything we should have asked about but didn't?	Added for conversational flow and rapport-building.
26.	XI. Closing		Add as follows:	Do you have anything you would like to tell us, or questions you would like to ask us?	Added for conversational flow and rapport-building.
27.	XI. Closing		Add as follows:	Thank you again for taking the time to speak with us. We appreciate and value your input.	Added to let informant know that we appreciate their time.

Revisions to Attachment C, Sampling Procedures for Medical Record Review

Issue #	Section	Action to be performed	Changes to the Protocol	Reason for the Change
1.	B1. Sampling Procedures, Roster Descriptions and Patient Sample Sizes by Facility Types	Revise as follows:	Replace: IMDs—The site visit team will request three different rosters of IMD patients. With: IMDs—The site visit team will request two different rosters of IMD patients.	The pilot test found that open medical records are still on the treatment unit rather than in medical records storage and that not all of the information needed is available in open records. Therefore, we will no longer be reviewing open records.
2.	B1. Sampling Procedures, Roster Descriptions and Patient Sample Sizes by Facility Types	Revise as follows:	Replace: A total of 10 patients will be chosen from among the three rosters, as follows: With: A total of 10 patients will be chosen from among the two rosters, as follows:	The pilot test found that open medical records are still on the treatment unit rather than in medical records storage and that not all of the information needed is available in open records. Therefore, we will no longer be reviewing open records.
3.	B1. Sampling Procedures, Roster Descriptions and Patient Sample Sizes by Facility Types	Delete as follows:	- Two patients will be selected from a roster of demonstration patients currently receiving inpatient treatment for 24 hours or more (open medical records) ² . Selecting open medical record for patients who have been in the IMD for at least 24 hours ensures that site visitors will be able to assess the timeliness of completing initial assessments. This change includes deletion of footnote ² : “We will arrange in advance for the IMDs to provide this roster on the day of the site visit.”	The pilot test found that open medical records are still on the treatment unit rather than in medical records storage and that not all of the information needed is available in open records. Therefore, we will no longer be reviewing open records.
3.	B1. Sampling Procedures, Roster Descriptions and Patient Sample Sizes by Facility Types	Revise as follows:	Replace: Three patients will be selected from a roster of demonstration patients discharged 30 - 60 days prior to the start of the site visit (closed medical records). With: Five patients will be selected from a roster of demonstration patients discharged 30 - 60 days prior to the start of the site visit (closed medical records).	Instead of reviewing two open medical records, we will review two additional closed medical records of demonstration patients discharged 30 – 60 days prior to the start of the site visit.

Changes to Sampling Procedures for MEPD Medical Record Review (*continued*)

Issue #	Section	Action to be performed	Changes to the Protocol	Reason for the Change
5.	B1. Sampling Procedures, Roster Descriptions and Patient Sample Sizes by Facility Types	Revise as follows:	<p>Replace: - Five patients will be selected from among Medicaid patients admitted to the ER with psychiatric emergencies 30 - 60 days prior to the start of the site visit.</p> <p>With: • Five patients will be selected from among Medicaid patients discharged from the ER with psychiatric emergencies 30 - 60 days prior to the start of the site visit.</p>	Technicality—patients are not technically “admitted” to ERs.
6.	B1. Sampling Procedures, Roster Descriptions and Patient Sample Sizes by Facility Types	Revise as follows:	<p>Replace: - Five patients will be selected from among Medicaid patients admitted to the ER with psychiatric emergencies 30 - 60 days prior to the implementation of the demonstration.</p> <p>With: • Five patients will be selected from among Medicaid patients discharged from the ER with psychiatric emergencies 30 - 60 days prior to the implementation of the demonstration.</p>	Technicality—patients are not technically “admitted” to ERs.
7.	B2. Sampling Labels	Revise as follows:	<p>Replace: The Mathematica number will indicate the state, type of facility (IMD, ER, or GH), roster from which the patient was selected, and a 2-digit suffix unique to the patient.</p> <p>With: The Mathematica number will indicate the state, type of facility (IMD, ER, or GH), and a 2-digit suffix unique to the patient.</p>	Deleted “roster from which the patient was selected”—no longer needed because all rosters will be closed medical records.
8.	B2. Sampling Labels	Revise as follows:	<p>Replace: We will identify IMD patients with open medical records by suffixes between 11 and 15, IMD patients discharged 30 - 60 days prior to the site visit by suffixes between 21 and 25, and IMD patients discharged 30 - 60 days prior to the demonstration by suffixes between 31 and 39.</p> <p>With: We will identify IMD patients discharged 30 - 60 days prior to the site visit by suffixes between 21 and 29, and IMD patients discharged 30 - 60 days prior to the demonstration by suffixes between 31 and 39.</p>	The pilot test found that open medical records are still on the treatment unit rather than in medical records storage and that not all of the information needed is available in open records. Therefore, we will no longer be reviewing open records. Additional digits needed to cover number of records obtained.

Changes to Sampling Procedures for MEPD Medical Record Review (*continued*)

Issue #	Section	Action to be performed	Changes to the Protocol	Reason for the Change
9.	B2. Sampling Labels	Revise as follows:	<p>Replace: We will identify patients admitted to an ER 30 - 60 days prior to the site visit by suffixes between 41 and 49 and patients admitted to an ER 30 - 60 days prior to the demonstration by suffixes between 51 and 59.</p> <p>With: We will identify patients discharged from an ER 30 - 60 days prior to the site visit by suffixes between 41 and 49 and patients discharged from an ER 30 - 60 days prior to the demonstration by suffixes between 51 and 59.</p>	Technicality—patients are not technically “admitted” to ERs.

Revisions to Attachment D, MEPD Medical Record Review Tool: IMD Medical Records

Issue #	Section (Evaluation Focus)	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
1.	All	All	Separate protocols by key informant group	For the 60-day Federal Register notice, all medical record review questions were presented in a single table with separate columns for each facility type. The questions have now been divided into separate protocols for each facility type.	Revised to allow for ease of administration.
2.			Add as follows:	Description of patient characteristics	Site visitor will briefly summarize reason medical record was sampled for review (e.g., co-morbidities, high-risk behavior, etc.) by describing the patient's situation and medical conditions.
3.	Access to Inpatient Psychiatric Care	1.	Revise as follows:	Replace: Referral source With: Source of referral to this IMD:	Revised for clarity.
4.	Access to Inpatient Psychiatric Care	2.	Revise as follows:	Replace: Was patient previously treated at this IMD for a psychiatric emergency? If yes, when was patient's last admission? With: Was the patient previously admitted to this IMD?	Revised for clarity and ease of data extraction.
5.	Access to Inpatient Psychiatric Care	3.	Revise as follows:	Replace: Has patient been hospitalized twice or more for psychiatric emergencies during the past year? With: Has the patient been hospitalized twice or more (deleted "for psychiatric emergencies") during the past year? PROBE: During the 12 months prior to the date of this admission.	Revised for clarity and ease of data extraction.
6.	Access to Inpatient Psychiatric Care		Add as follows:	Reviewer's comments/notes about this section:	Added space for reviewer notes (if needed) about this section.

Changes to MEPD IMD Medical Record Review Tool (*continued*)

Issue #	Section (Evaluation Focus)	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
7.	Boarding Time in ER	4.	Revise as follows:	Replace: What date/time was the IMD called to see whether a bed was available for the patient? With: When was this IMD contacted about bed availability for the patient's most recent visit?	Revised for clarity and ease of data extraction.
8.	Boarding Time in ER	5.	Revise as follows:	Replace: What date/time was patient transferred to the IMD? With: When was the patient transferred to this IMD for the most recent admission?	Revised for clarity and ease of data extraction.
9.	Boarding Time in ER	6.	Revise as follows:	Replace: How was the patient transported to the IMD? -Ambulance -Receiving IMD's transportation -Other (specify) -Unable to determine With: How was the patient transported to this hospital? a. Ambulance b. Receiving hospital's transportation c. Other (Specify) d. Unable to determine	Revised to use words used by the facilities to refer to themselves.
10.	Boarding Time in ER		Add as follows:	Reviewer's comments/notes about this section:	Added space for reviewer notes (if needed) about this section.
11.	Admission to IMD		Delete as follows:	Date of admission authorization to IMD Time of admission authorization to IMD	Deleted—In pilot site, authorization given by administrative service organization and obtained by emergency room or general hospital; information not likely found in IMD records.
12.	Admission to IMD	7.	Revise as follows:	Replace: Date of admission to IMD Time of admission to IMD With: When was the patient admitted to this hospital? Date of admission: Time of admission: Unable to determine	Revised for clarity and ease of data recording.

Changes to MEPD IMD Medical Record Review Tool (*continued*)

Issue #	Section (Evaluation Focus)	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
13.	Admission to IMD	8.	Revise as follows:	Replace: Did patient exhibit signs and symptoms of withdrawal from drugs or alcohol within the first 72 hours of treatment? With: Did patient exhibit signs and symptoms of intoxication and/or withdrawal from drugs or alcohol upon admission? If yes, describe symptoms of withdrawal exhibited by patient.	Broadened to better determine whether the patient’s psychiatric emergency was complicated by substance use.
14.	Admission to IMD		Delete as follows:	Does the patient have a history of drug or alcohol use?	Deleted to decrease burden and because may be found among diagnosis codes (question #12).
15.	Admission to IMD	9.	Revise as follows:	Replace: Date initial nursing assessment was completed Time initial nursing assessment was completed With: When was the initial nursing assessment completed? Date of initial nursing assessment: Time of initial nursing assessment: Unable to determine	Revised for clarity and ease of administration and data recording.
16.	Admission to IMD	10.	Revise as follows:	Replace: Date medical/psychiatric history and physical was completed Time medical/psychiatric history and physical was completed With: When was the initial medical (deleted “psychiatric”) history and physical completed? Date of initial medical history and physical Time of initial medical history and physical Unable to determine	Revised for clarity and ease of administration and data recording.

Changes to MEPD IMD Medical Record Review Tool (*continued*)

Issue #	Section (Evaluation Focus)	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
17.	Admission to IMD	11.	Revise as follows:	Replace: Date initial psychiatric evaluation was completed Time initial psychiatric evaluation was completed With: When was the initial psychiatric evaluation completed? Date of initial psychiatric evaluation Time of initial psychiatric evaluation Unable to determine	Revised for clarity and ease of administration and data recording.
18.	Admission to IMD	12.	Revise as follows:	Replace: Diagnoses identified in initial psychiatric evaluation done at the IMD With: Which diagnoses were identified in the initial psychiatric evaluation completed at this hospital? (Inserted data collection chart with first column listing Axis I – V in 5 separate rows, second column with space to record diagnoses, and third column with “Not Documented” check box.)	Revised for clarity; chart for ease of data recording.
19.	Admission to IMD		Add as follows:	Reviewer’s comments/notes about this section:	Added space for reviewer notes (if needed) about this section.
20.	Stabilization	14.	Revise as follows:	Replace: How frequently was documentation provided regarding whether the patient was suicidal, homicidal, or a danger to themselves or others? With: Enter date(s) of stabilization assessment documentation provided in the medical record regarding whether the patient was suicidal, homicidal, or a danger to themselves or others. (Inserted data collection chart with first column to record dates of up to 6 stabilization assessments, second column with check boxes to indicate if on the given assessment date the patient expressed suicidal or homicidal gestures, or is dangerous to self or others. Check box choices are: Yes, No, Not Documented)	Revised for clarity and ease of administration and data recording.

Changes to MEPD IMD Medical Record Review Tool (*continued*)

Issue #	Section (Evaluation Focus)	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
21.	Stabilization		Delete as follows:	How many utilization reviews were conducted for this patient during this admission?	Deleted because data not found in medical records reviewed during pilot site visit.
22.	Stabilization	15.	Revise as follows:	Replace: Was the patient chemically restrained while at the IMD? With: Was the patient chemically restrained, that is given psycho-active medication to subdue behavior while at this IMD? Yes, patient requested medication Yes, staff initiated medication No, skip next question Unable to determine, skip next question	Revised for clarity.
23.	Stabilization	16.	Revise as follows:	Replace: If so, what mode of restraint was used? -Injection -Oral -Intravenous -Unable to determine What pharmacological agent was administered? With: Enter the date(s) and time(s) of chemical restraint, name of pharmacological agent(s) administered, dosage, and mode of administration. -Date -Time -Name of Pharmacological Agent(s) -Dose -Mode of Administration (IM, IV, PO, or SQ) (Inserted a 6-row, data collection chart with each item listed above as a column heading.)	Revised for clarity.
24.	Stabilization	17.	Revise as follows:	Replace: Was the patient physically restrained while at the IMD? With: Was the patient physically restrained while at this IMD?	Revised for clarity.

Changes to MEPD IMD Medical Record Review Tool (*continued*)

Issue #	Section (Evaluation Focus)	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
25.	Stabilization	18.	Revise as follows:	Replace: If so, what type of restraint was used? -Four point leather or cloth restraints -Physical hold -Seclusion room -Hand mitts -Other (specify) -Unable to determine With: Enter the date(s), time(s), and mode of physical restraint. -Date -Time -Mode of Restraint (Four point leather or cloth restraint, physical hold, hand mitts, other (Inserted a 6-row, data collection chart with each item listed above)	Revised for clarity.
26.	Stabilization	19.	Revise as follows:	Replace: Was patient evaluated for an active or chronic medical condition while in the IMD? If so, what type of evaluation was conducted? -Specialist consult -Laboratory diagnostics -Radiographic or ultrasonic diagnostics -Electrocardiogram -Other With: Was consultation ordered for evaluation of an active or chronic medical condition?	Revised for clarity.

Changes to MEPD IMD Medical Record Review Tool (*continued*)

Issue #	Section (Evaluation Focus)	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
27.	Stabilization	20.	Revise as follows:	Replace: Was patient treated for an active or chronic medical condition while in the IMD? If so, what type of treatment was provided? -Pharmacologic treatment -Education/support provided -Transferred to an acute care facility for treatment -Other (specify) -Unable to determine With: Was treatment provided for an active or chronic medical condition as a result of the consultation?	Revised for clarity.
28.	Stabilization	21.	Revise as follows:	Replace: Did an injury or infection occur during the IMD stay? With: Did an injury or infection occur during the patient's stay in this hospital?	Revised for clarity.
29.	Stabilization	22.	Revise as follows:	Replace: If so, what type? -Self-inflicted injury -Nosocomial injury only -Nosocomial infection only -Both nosocomial injury and infection -Neither injury nor infection -Not applicable -Don't know/refused With: What type of injury or infection did the patient have? a. Self-inflicted injury b. Nosocomial injury only c. Nosocomial infection only d. Both nosocomial injury and infection	Revised for clarity.
30.	Stabilization		Add as follows:	Reviewer's comments/notes about this section (describe stabilization process):	Added space for reviewer notes (if needed) about this section.

Changes to MEPD IMD Medical Record Review Tool (*continued*)

Issue #	Section (Evaluation Focus)	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
31.	Discharge planning	25.	Revise as follows:	Replace: Date of discharge [NA-OMR*] *NA-OMR = Item is not applicable for open medical record reviews. With: When was the patient discharged from this IMD? Date of discharge: Time of discharge:	Revised for clarity, moved question up in order, and deleted NA-OMR footnote because we no longer plan to review open medical records.
32.	Discharge planning	23.	Revise as follows:	Replace: Does the medical record include documentation indicating that the discharge plan was initiated at the time of admission? With: What was the earliest date discharge plans, or a patient meeting with a discharge planner, was documented? -Date: -Not documented.	Revised for clarity.
33.	Discharge planning	24.	Revise as follows:	Replace: Does the medical record included documentation indicating that the patient was involved in the discharge planning process? If so, describe. With: Does the discharge plan include documentation of patient's preferences after discharge?	Revised for clarity.
34.	Discharge planning	26.	Revise as follows:	Replace: Does the medical record include documentation that staff contacted the patient's other providers for input into the discharge plan? If so, describe (e.g., who contacted, when, by what means, and for what reason?). With: Does the medical record include documentation that IMD staff contacted the patient's other providers for input into the discharge plan?	Revised for clarity.

Changes to MEPD IMD Medical Record Review Tool (*continued*)

Issue #	Section (Evaluation Focus)	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
35.	Discharge planning	27.	Revise as follows:	Replace: Does the discharge plan include a follow-up aftercare appointment within 7 days of the discharge date? With: Does the discharge plan include a follow-up aftercare appointment scheduled within 7 days of the discharge date? -Yes -Yes, but not scheduled for within 7 days of the discharge date -No -Unable to determine	Revised for clarity.
36.	Discharge planning	28.	Revise as follows:	Replace: If so, indicate date of appointment and provider. With: Record date of appointment and provider. Appointment date: Provider's name:	Revised for ease of data recording.
37.	Discharge planning	29.	Revise as follows:	Replace: Does the medical record include documentation that medication reconciliation was conducted? With: Does the medical record include documentation that medication reconciliation was conducted upon discharge ?	Revised for clarity.

Revisions to Attachment D, MEPD Medical Record Review Tool: General Hospital Medical Records

Issue #	Section (Evaluation Focus)	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
1.	All	All	Separate protocols by key informant group	For the 60-day Federal Register notice, all medical record review questions were presented in a single table with separate columns for each facility type. The questions have now been divided into separate protocols for each medical record review at each facility type. Medical records are reviewed with assistance from facility staff.	Revised to allow for ease of administration.
2.			Add as follows:	Description of patient characteristics	Site visitor will briefly summarize reason medical record was sampled for review (e.g., co-morbidities or high risk behaviors or multiple admissions). This provides a brief description of patient's situation and medical conditions.
3.	Access to Inpatient Psychiatric Care	1.	Revise as follows:	Replace: Referral source With: Source of referral to this general hospital:	Revised for clarity.
4.	Access to Inpatient Psychiatric Care	2.	Revise as follows:	Replace: Was patient previously treated at this hospital for a psychiatric emergency? If yes, when was patient's last admission? With: Was the patient previously admitted to this general hospital for a psychiatric treatment in a non-psychiatric unit?	Revised for clarity and ease of data extraction.
5.	Access to Inpatient Psychiatric Care	3.	Revise as follows:	Replace: Has patient been hospitalized twice or more for psychiatric emergencies during the past year? With: Has the patient been hospitalized twice or more (deleted "for psychiatric emergencies") during the past year? PROBE: During the 12 months prior to the date of this admission.	Revised for clarity and ease of data extraction.

Changes to MEPD General Hospital Medical Record Review Tool (*continued*)

Issue #	Section (Evaluation Focus)	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
6.	Access to Inpatient Psychiatric Care		Add as follows:	Reviewer's comments/notes about this section:	Added space for reviewer notes (if needed) about this section.
7.	Boarding Time in ER	4.	Revise as follows:	Replace: What date/time was the GH unit called to see whether a bed was available for the patient? With: When was this general hospital contacted about bed availability for the patient's most recent visit?	Revised for clarity and ease of data extraction.
8.	Boarding Time in ER	5.	Revise as follows:	Replace: What date/time was patient transferred to the IMD? With: When was the patient transferred to this general hospital for the most recent admission?	Revised for clarity and ease of data extraction.
9.	Boarding Time in ER	6.	Revise as follows:	Replace: How was the patient transported to the IMD? -Ambulance -Receiving IMD's transportation -Other (specify) -Unable to determine With: How was the patient transported to this general hospital? a.Ambulance b.Receiving hospital's transportation c.Other (Specify) d.Unable to determine	Revised to correct intention.
10.	Boarding Time in ER		Add as follows:	Reviewer's comments/notes about this section:	Added space for reviewer notes (if needed) about this section.
11.	Admission to GH		Delete as follows:	Date of admission authorization to GH Time of admission authorization to GH	Deleted—In pilot site, authorization given by administrative service organization; information not likely found in medical records.

Changes to MEPD General Hospital Medical Record Review Tool (*continued*)

Issue #	Section (Evaluation Focus)	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
12.	Admission to GH	7.	Revise as follows:	Replace: Date of admission to GH Time of admission to GH With: When was the patient admitted to this general hospital? Date of admission: Time of admission: Unable to determine	Revised for clarity and ease of data recording.
13.	Admission to GH	8.	Revise as follows:	Replace: Did patient exhibit signs and symptoms of withdrawal from drugs or alcohol within the first 72 hours of treatment? With: Did patient exhibit signs and symptoms of intoxication and/or withdrawal from drugs or alcohol upon admission? If yes, describe symptoms of withdrawal exhibited by patient.	Broadened to better determine whether the patient’s psychiatric emergency was complicated by substance use.
14.	Admission to GH		Delete as follows:	Does the patient have a history of drug or alcohol use?	Deleted to decrease burden and because may be found among diagnosis codes (question #12).
15.	Admission to GH	9.	Revise as follows:	Replace: Date initial nursing assessment was completed Time initial nursing assessment was completed With: When was the initial nursing assessment completed? Date of initial nursing assessment: Time of initial nursing assessment: Unable to determine	Revised for clarity and ease of administration and data recording.

Changes to MEPD General Hospital Medical Record Review Tool (*continued*)

Issue #	Section (Evaluation Focus)	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
16.	Admission to GH	10.	Revise as follows:	Replace: Date medical/psychiatric history and physical was completed Time medical/psychiatric history and physical was completed With: When was the initial medical (deleted “psychiatric”) history and physical completed? Date of initial medical history and physical Time of initial medical history and physical Unable to determine	Revised for clarity and ease of administration and data recording.
17.	Admission to GH	11.	Revise as follows:	Replace: Date initial psychiatric evaluation was completed Time initial psychiatric evaluation was completed With: When was the initial psychiatric evaluation completed? Date of initial psychiatric evaluation Time of initial psychiatric evaluation Unable to determine	Revised for clarity and ease of administration and data recording.
18.	Admission to GH	12.	Revise as follows:	Replace: Diagnoses identified in initial psychiatric evaluation done at the general hospital With: Which diagnoses were identified in the initial psychiatric evaluation completed at this hospital? (Inserted data collection chart with first column listing Axis I – V in separate rows, second column with space to record diagnoses, and third column with “Not Documented” check box.	Revised for clarity; chart for ease of data recording.
19.	Admission to GH		Add as follows:	Reviewer’s comments/notes about this section:	Added space for reviewer notes (if needed) about this section.

Changes to MEPD General Hospital Medical Record Review Tool (*continued*)

Issue #	Section (Evaluation Focus)	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
20.	Stabilization	14.	Revise as follows:	Replace: How frequently was documentation provided regarding whether the patient was suicidal, homicidal, or a danger to themselves or others? With: Enter date(s) of stabilization assessment documentation provided in the medical record regarding whether the patient was suicidal, homicidal, or a danger to themselves or others. (Inserted data collection chart with first column to record dates of up to 6 stabilization assessments, second column with check boxes to indicate if on the given assessment date the patient expressed suicidal or homicidal gestures, or is dangerous to self or others. Check box choices are: Yes, No, Not Documented)	Revised for clarity and ease of administration and data recording.
21.	Stabilization		Delete as follows:	How many utilization reviews were conducted for this patient during this admission?	Deleted because data not found in medical records reviewed during pilot site visit.
22.	Stabilization	15.	Revise as follows:	Replace: Was the patient chemically restrained while at the general hospital? With: Was the patient chemically restrained, that is given psycho-active medication to subdue behavior while at this general hospital? Yes, patient requested medication Yes, staff initiated medication No, skip next question Unable to determine, skip next question	Revised for clarity.

Changes to MEPD General Hospital Medical Record Review Tool (*continued*)

Issue #	Section (Evaluation Focus)	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
23.	Stabilization	16.	Revise as follows:	Replace: If so, what mode of restraint was used? -Injection -Oral -Intravenous -Unable to determine What pharmacological agent was administered? With: Enter the date(s) and time(s) of chemical restraint, name of pharmacological agent(s) administered, dosage, and mode of administration. -Date -Time -Name of Pharmacological Agent(s) -Dose -Mode of Administration (IM, IV, PO, or SQ) (Inserted a 6-row, data collection chart with each item listed above as a column heading.)	Revised for clarity.
24.	Stabilization	17.	Revise as follows:	Replace: Was the patient physically restrained while at the hospital? With: Was the patient physically restrained while at this general hospital?	Revised for clarity.

Changes to MEPD General Hospital Medical Record Review Tool (*continued*)

Issue #	Section (Evaluation Focus)	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
25.	Stabilization	18.	Revise as follows:	Replace: If so, what type of restraint was used? -Four point leater or cloth restraints -Physical hold -Seclusion room -Hand mitts -Other (specify) -Unable to determine With: Enter the date(s), time(s), and mode of physical restraint. -Date -Time -Mode of Restraint (Four point leather or cloth restraint, physical hold, hand mitts, other (Inserted a 6-row, data collection chart with each item listed above)	Revised for clarity.
26.	Stabilization	19.	Revise as follows:	Replace: Was patient evaluated for an active or chronic medical condition while in the general hospital? If so, what type of evaluation was conducted? -Specialist consult -Laboratory diagnostics -Radiographic or ultrasonic diagnostics -Electrocardiogram -Other With: Was consultation ordered for evaluation of an active or chronic medical condition?	Revised for clarity.

Changes to MEPD General Hospital Medical Record Review Tool (*continued*)

Issue #	Section (Evaluation Focus)	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
27.	Stabilization	20.	Revise as follows:	Replace: Was patient treated for an active or chronic medical condition while in the hospital? If so, what type of treatment was provided? -Pharmacologic treatment -Education/support provided -Transferred to an acute care facility for treatment -Other (specify) -Unable to determine With: Was treatment provided for an active or chronic medical condition as a result of the consultation? -Yes, treatment was provided at this facility -Yes, treatment was provided at a different facility -No	Revised for clarity.
28.	Stabilization	21.	Revise as follows:	Replace: Did an injury or infection occur during the general hospital stay? With: Did an injury or infection occur during the patient's stay in this hospital?	Revised for clarity.
29.	Stabilization	22.	Revise as follows:	Replace: If so, what type? -Self-inflicted injury -Nosocomial injury only -Nosocomial infection only -Both nosocomial injury and infection -Neither injury nor infection -Not applicable -Don't know/refused With: What type of injury or infection did the patient have? a. Self-inflicted injury b. Nosocomial injury only c. Nosocomial infection only d. Both nosocomial injury and infection	Revised for clarity.
30.	Stabilization		Add as follows:	Reviewer's comments/notes about this section (describe stabilization process):	Added space for reviewer notes (if needed) about this section.

Changes to MEPD General Hospital Medical Record Review Tool (*continued*)

Issue #	Section (Evaluation Focus)	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
31.	Discharge planning	25.	Revise as follows:	Replace: Date of discharge With: When was the patient discharged from this general hospital? Date of discharge: Time of discharge:	Revised for clarity, moved question up in order, and deleted NA-OMR footnote because we no longer plan to review open medical records.
32.	Discharge planning	23.	Revise as follows:	Replace: Does the medical record include documentation indicating that the discharge plan was initiated at the time of admission? With: What was the earliest date discharge plans, or a patient meeting with a discharge planner, was documented? -Date: -Not documented.	Revised for clarity.
33.	Discharge planning	24.	Revise as follows:	Replace: Does the medical record included documentation indicating that the patient was involved in the discharge planning process? If so, describe. With: Does the discharge plan include documentation of patient's preferences after discharge?	Revised for clarity.
34.	Discharge planning	26.	Revise as follows:	Replace: Does the medical record include documentation that staff contacted the patient's other providers for input into the discharge plan? If so, describe (e.g., who contacted, when, by what means, and for what reason?). With: Does the medical record include documentation that general hospital staff contacted the patient's other providers for input into the discharge plan?	Revised for clarity.

Changes to MEPD General Hospital Medical Record Review Tool (*continued*)

Issue #	Section (Evaluation Focus)	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
35.	Discharge planning	27.	Revise as follows:	Replace: Does the discharge plan include a follow-up aftercare appointment within 7 days of the discharge date? With: Does the discharge plan include a follow-up aftercare appointment scheduled within 7 days of the discharge date? -Yes -Yes, but not scheduled for within 7 days of the discharge date -No -Unable to determine	Revised for clarity.
36.	Discharge planning	28.	Revise as follows:	Replace: If so, indicate date of appointment and provider. With: Record date of appointment and provider. Appointment date: Provider's name:	Revised for ease of data recording.
37.	Discharge planning	29.	Revise as follows:	Replace: Does the medical record include documentation that medication reconciliation was conducted? With: Does the medical record include documentation that medication reconciliation was conducted upon discharge ?	Revised for clarity.

Revisions to Attachment D, MEPD Medical Record Review Tool: ER Medical Records

Issue #	Section	Question #*	Action to be performed	Changes to the Protocol	Reason for the Change
1.	All	All	Separate protocols by key informant group	For the 60-day Federal Register notice, all interview questions were presented in a single table with separate columns for each key informant group. The questions have now been divided into separate protocols for each key informant group.	Revised to allow for ease of administration.
2.			Add as follows:	Description of patient characteristics	Site visitor will briefly summarize reason medical record was sampled for review (e.g., co-morbidities, risky behavior, etc.) by providing a brief description of the patient's situation and medical conditions.
3.	Admission to Emergency Room (ER)	1.	Revise as follows:	Replace: Date of admission to ER Time of admission to ER With: When was the patient admitted to the ER? Date of admission to ER Time of admission to ER	Revised for clarity.
4.	Admission to Emergency Room (ER)	2.	Revise as follows:	Replace: Was patient Medicaid number identified? With: Was the patient's Medicaid number identified in the medical record?	Revised for clarity
5.	Admission to Emergency Room (ER)	3.	Add as follows:	When was the initial medical history and physical examination completed?	Added to establish timeline of steps occurring in ER and to distinguish evaluation of an active or chronic medical condition (questions 14) from initial examination.
6.	Admission to Emergency Room (ER)	4.	Add as follows:	When was the patient medically cleared by a provider?	Added to establish timeline of steps occurring in ER.

Changes to MEPD ER Medical Record Review Tool (*continued*)

Issue #	Section	Question #*	Action to be performed	Changes to the Protocol	Reason for the Change
7.	Admission to Emergency Room (ER)	5.	Revise as follows:	Replace: Was patient identified as -suicidal? -homicidal? -dangerous to themselves? -dangerous to others? With: Upon admission to ER , was the patient identified as... a. Suicidal? b. Homicidal? c. Dangerous to themselves? d. Dangerous to others? e. Unable to determine	Revised for clarity
8.	Admission to Emergency Room (ER)	6.	Revise as follows:	Replace: What date/time was the patient assessed by a provider to determine whether psychiatric inpatient treatment was necessary? With: When was the patient assessed by a provider to determine whether inpatient psychiatric treatment was necessary? Date psychiatric emergency determined: Time psychiatric emergency was determined:	Revised for clarity and ease of data recording.
9.	Admission to Emergency Room (ER)	7.	Revise as follows:	Replace: What type of provider conducted the assessment? With: What type of provider determined the presence of a psychiatric emergency?	Revised for clarity
10.	Admission to Emergency Room (ER)	8.	Revise as follows:	Replace: Was eligibility for the demonstration assessed while patient was in the ER? [Not applicable/Pre-Demonstration] With: Was eligibility for the demonstration indicated in the ER medical record? Yes, patient eligible Yes, patient not eligible Not documented Not applicable, pre-demonstration	Revised for clarity

Changes to MEPD ER Medical Record Review Tool (*continued*)

Issue #	Section	Question #*	Action to be performed	Changes to the Protocol	Reason for the Change
11.	Admission to Emergency Room (ER)	9.	Revise as follows:	Replace: Diagnoses identified in initial psychiatric evaluation done at the emergency room With: Which diagnoses were identified in the initial psychiatric evaluation completed at this ER? (Inserted data collection chart with first column listing Axis I – V in 5 separate rows, second column with space to record diagnoses, and third column with “Not Documented” check box.)	Revised for clarity and ease of data recording
12.	Admission to Emergency Room (ER)		Add as follows:	Reviewer’s comments/notes about this section:	Added space for reviewer notes (if needed) about this section.
13.	Stabilization	11.	Revise as follows:	Replace: If so, what type of evaluation was conducted? -Specialist consult -Laboratory diagnostics -Other -Unable to determine With: What type of evaluation was conducted? a. Specialist consult b. Laboratory diagnostics c. Other, Specify: d. Unable to determine	Revised for clarity
14.	Stabilization	13.	Revise as follows:	Replace: If so, what type of treatment was provided? With: What type of treatment was provided to the patient?	Skip pattern negates need for “If so.” Revised for clarity.
15.	Stabilization	15.	Revise as follows:	Replace: If so, what type of evaluation was conducted? With: What type of evaluation was conducted?	Skip pattern negates need for “If so.”
16.	Stabilization	17.	Revise as follows:	Replace: If so, what type of treatment was provided? With: What type of treatment was provided to the patient?	Skip pattern negates need for “If so.” Revised for clarity.

Changes to MEPD ER Medical Record Review Tool (*continued*)

Issue #	Section	Question #*	Action to be performed	Changes to the Protocol	Reason for the Change
17.	Stabilization	18.	Revise as follows:	Replace: Was the patient chemically restrained while at the ER? With: Was the patient chemically restrained, that is, given psycho-active medication to subdue behavior while at this ER? -Yes, patient requested medication -Yes, staff initiated medication -No -Unable to determine	Revised for clarity and ease of data recording.
18.	Stabilization	19.	Revise as follows:	Replace: If so, what mode of restraint was used? -Injection -Oral -Intravenous -Unable to determine What pharmacological agent was administered? With: Enter the date(s) and time(s) of chemical restraint, name of pharmacological agent(s) administered, dosage, and mode of administration. -Date -Time -Name of Pharmacological Agent(s) -Dose -Mode of Administration (IM, IV, PO, or SQ) (Inserted a 6-row, data collection chart with each item listed above as a column heading.)	Revised for clarity
19.	Stabilization	20.	Revise as follows:	Replace: Was the patient physically restrained while at the ER? With: Was the patient physically restrained while at this ER?	Revised for clarity

Changes to MEPD ER Medical Record Review Tool (*continued*)

Issue #	Section	Question #*	Action to be performed	Changes to the Protocol	Reason for the Change
20.	Stabilization	21.	Revise as follows:	Replace: If so, what type of restraint was used? -Four point leater or cloth restraints -Physical hold -Seclusion room -Hand mitts -Other (specify) -Unable to determine With: Enter the date(s), time(s), and mode of physical restraint. -Date -Time -Mode of Restraint (Four point leather or cloth restraint, physical hold, hand mitts, other (Inserted a 6-row, data collection chart with each item listed above)	Revised for clarity and added a chart for ease of administration and data recording.
21.	Access to Inpatient Psychiatric Care	23.	Revise as follows:	Replace: What facilities were called to see whether a bed was available for the patient? What date/time was a bed located that would accept the patient? With: What facilities were contacted to see whether a bed was available for the patient? (Inserted 4-row chart with the following data collection items as column headings for each facility contacted: Name of facility; Date contacted for bed availability; Time contacted for bed availability; Date patient accepted for bed; Time patient accepted for bed.)	Revised for clarity and added a chart for ease of administration and data recording.
22.	Access to Inpatient Psychiatric Care	24.	Revise as follows:	Replace: Date of discharge from ER Time of discharge from ER With: When was the patient discharged from the ER? Date of discharge from ER: Time of discharge from ER:	Revised for clarity and ease of data recording.

Changes to MEPD ER Medical Record Review Tool (*continued*)

*The order of the questions was changed significantly to facilitate flow of data collection. Question numbers are those in the revised protocol (questions were not numbered in the previous version of the protocol).

Revisions to Attachment B, Key Informant Interview Questions: MEPD Beneficiary Interview Questions

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
1.	All	All	Separate protocols by key informant group	For the 60-day Federal Register notice, all interview questions were presented in a single table with separate columns for each key informant group. The questions have now been divided into separate protocols for each key informant group.	Revised to allow for ease of administration.
2.	I. Introduction		Add as follows:	<p>Hi, can I please speak with <i>[beneficiary first and last name]</i>?</p> <p>If beneficiary answers the phone: This is <i>[interviewer name]</i> from Mathematica Policy Research. I'm calling because you agreed to participate in an interview. Does this sound familiar to you? <i>[Interviewer pause and wait for recognition to ensure we have correct person on the phone]</i>.</p> <p>I'd like to hear your perspective on the experience you had recently at [IMD]. You mentioned that you were available to talk with us today - is this still a good time? <i>[If not, schedule another day/time and confirm contact information]</i>.</p> <p>Thanks so much for taking the time to talk with me today. You will receive a \$20 check in the mail for completing the interview. [If there is a note taker on the phone] I have another staff member <i>[colleague's name]</i> from our company on the phone today to take notes during our discussion. Is that OK with you? <i>[If not, have colleague hang up and the interviewer will take notes]</i>.</p>	Added to provide instruction to the interviewer to remind the beneficiary about their prior consent without violating confidentiality if someone else answers the phone. Provides script for obtaining permission to record the interview and have a second notetaker present. Reminds the beneficiary of confidentiality and right to not answer questions.

Changes to MEPD Beneficiary Interview Questions (continued)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
2	<i>(continued)</i>			<p>Are you comfortable with our discussion being audio taped to ensure that we remember everything correctly? The audio tape will be destroyed after 90 days. I want to remind you that your answers will be kept confidential in that your name will not be associated with your answers.</p> <p>Your answers are really important to help us learn about quality of care for people experiencing psychiatric emergencies. If I go through the questions too quickly or you don't understand something, please stop me at any point. Talking about your hospital stay may bring up sensitive issues. If there are any questions you do not want to answer, we can skip them or end the discussion at any time. Please just let me know, and I will move on to the next question. Do you have any questions before we begin?</p>	
3.	Access to Inpatient Psychiatric Care		Delete as follows:	How does it compare to other places you might have gone or that you have gone in the past?	Deleted because solicits same information as other questions in the section.
4.	Access to Inpatient Psychiatric Care	1c.	Revise as follows:	<p>Replace: How many other times this year (2013) did you seek help for an emotional or mental crisis?</p> <p>With: How many other times since [state demonstration start date] did you seek help for an emotional or mental crisis through an emergency room, hospital, or other crisis service?</p>	Revised to clarify timing in relation to the start of the demonstration.

Changes to MEPD Beneficiary Interview Questions (continued)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
5.	Access to Inpatient Psychiatric Care	1d.i.	Revise as follows:	Replace: [If sought help other times this year] When you had other crises, were you also admitted to a hospital? If <i>so</i> , did you go to the same hospital as this time? With: [If sought help other times since the demonstration began] When you had other crises, were you also admitted to a hospital? If <i>so</i> , did you go to [IMD]?	Revised for clarity.
6.	Access to Inpatient Psychiatric Care	1d.ii	Revise as follows:	Replace: <i>If not</i> , where did you go instead of [IMD]? How did it compare to [IMD]? With: [If did not go to [IMD]] Where did you go instead of [IMD]? How did it compare to [IMD]?	Clarified interviewer instruction rather than asking the beneficiary “if not.”
7.	Access to Inpatient Psychiatric Care	1d.iii	Revise as follows:	Replace: Where would you prefer to go in the future? With: Where would you prefer to go in the future? Why?	Added probe to solicit comparative information.
8.	Access to Inpatient Psychiatric Care	2., 2a.-2e.	Revise as follows:	Replace: Now I’d like to ask you the same question, but for last year. In 2012, how many times did you seek help for an emotional or mental crisis through an emergency room, hospital, or other crisis service? (Probe: That would be in the year before last Christmas. Do you think you went to the emergency room more or less often than this year, or about the same?) [If sought help at any time during 2012]: When you had other crises in the past (2012), were you also admitted to a hospital? <i>If so</i> , did you go to the same hospital as this time? <i>If not</i> , where did you go instead of [IMD]?	Revised to simplify, to clarify timing in relation to the start of the demonstration, and to improve conversational flow.

Changes to MEPD Beneficiary Interview Questions (continued)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
8.	<i>(continued)</i>			<p><i>[If no crises in 2012]</i> When was the last time (before 2013) that you sought help for an emotional or mental crisis through an emergency room, hospital, or other crisis service? <i>[If sought help before 2013]:</i> Were you admitted to the hospital? <i>If so,</i> did you go to the same hospital as this time? <i>If not,</i> where did you go instead of <i>[IMD]</i>?</p> <p>With: Before [state demonstration start date], how many times did you seek help for an emotional or mental crisis through an emergency room, hospital, or other crisis service?</p> <p>a. [If sought help at any time prior to [state demonstration start date] and used an emergency room] About how many times per year did you use the emergency room for a psychiatric emergency before [state demonstration date]? How many times have you used the emergency room for a psychiatric emergency since [state demonstration start date]? (Probe: Do you think you went to the emergency room more or less this past year compared to years before?)</p> <p>b. [If experienced any crisis before demonstration start date] When was the last time before [state demonstration start date] that you sought help for an emotional or mental crisis through an emergency room, hospital, or other crisis service?</p> <p>c. Were you admitted to the hospital?</p> <p>d. <i>If so,</i> did you go to [IMD]?</p> <p>e. [If did not go to [IMD]] Where did you go instead of [IMD]? How did it compare to [IMD]? (Probe: admission process, types of treatment received)</p>	

Changes to MEPD Beneficiary Interview Questions (continued)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
9.	Access to Inpatient Psychiatric Care	Interviewer note	Revise as follows:	<p>Replace: If beneficiary has not experienced prior crises, omit all questions regarding prior crises throughout the remainder of the protocol.</p> <p>With: If beneficiary has not experienced crises within 3 years prior to [date of demonstration] that required hospitalization, omit all questions regarding prior crises throughout the remainder of the protocol. If beneficiary has experienced a crisis within 3 years prior to [date of demonstration] that required hospitalization, note the approximate date of that crisis and any other details provided so that you can refer clearly to that event throughout the interview. We are interested in comparing (1) the hospitalization that occurred just prior to the site visits and (2) the most recent hospitalization (if any) before the demonstration date.</p>	Clarified interviewer instructions to facilitate administration. Limited number of years back that we are asking beneficiary to remember, to reduce burden and improve reliability.

Changes to MEPD Beneficiary Interview Questions (continued)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
10.	Boarding Time in the ER	3.	Revise as follows:	<p>Replace: I know that the hospital admission process can often be quite challenging. In your situation, do you recall going to an emergency room before going into [IMD] (last month)? <i>If so</i>, which emergency room did you use? <i>If not</i>, how did you get into the hospital? (Probe: Did a doctor admit you directly into the hospital? Did a mobile crisis team take you there? Did you go directly to the hospital yourself?)</p> <p>With: I know that the hospital admission process can often be quite challenging. In your situation, do you recall going to an emergency room right before going into [IMD]? <i>If so</i>, which emergency room did you use? <i>If not</i>, how did you get into the hospital? [Interviewer note: keep the discussion focused on their hospital admission before the site visit] (Probe: Did a doctor admit you directly into the hospital? Did a mobile crisis team take you there? Did you go directly to the hospital yourself (walk-in)?)</p>	Revised for clarity, using the term “walk in” as a probe.

Changes to MEPD Beneficiary Interview Questions (continued)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
11.	Boarding Time in the ER	3d, 3i	Revise as follows:	<p>Replace: To the best of your ability, could you describe what your experience was like while waiting in the emergency room or general medical unit? What type of treatment did you receive (e.g., counseling, medication)? What was the environment like?</p> <p>With: To the best of your ability, could you describe what your experience was like while waiting in the emergency room (or general medical unit or alternative)? What type of treatment did you receive (e.g., counseling, medication)? What was the environment like?</p> <p>Or, if walk-in to IMD, with: To the best of your ability, could you describe what your experience was like while waiting to be admitted to [IMD]? What type of treatment did you receive (e.g., counseling, medication)? What was the environment like?</p>	<p>Demonstration payment and monitoring data show that few of the demonstration participants go to emergency rooms before admission to the IMD. Revised for those who do not.</p>
12.	Boarding Time in the ER	3e, 3j	Add as follows:	<p>Replace: For prior crises, did you use the same emergency room (or crisis service)? If not, how did you get help?</p> <p>With: For [the crisis prior to demonstration date], did you use the same emergency room (or alternative)? If not, how did you get help?</p> <p>Or, if walk-in to IMD, with: For [the crisis prior to demonstration date], how did you get help? (Probe: walk-in, emergency room or alternative)</p>	<p>Revised to clarify relation to demonstration start date and allow for admissions not preceded by emergency room visits.</p>

Changes to MEPD Beneficiary Interview Questions (continued)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
13.	Boarding Time in the ER	3f., 3k	Revise as follows:	<p>Replace: <i>[If experienced prior crises in 2012 or earlier, ask the following questions; otherwise, skip to the Referral and Admission section]:</i> How did your experiences during your most recent crisis compare to your experiences during prior crises?</p> <p>With: How did your experiences waiting for admission during your most recent crisis compare to your experiences during [the crisis prior to the demonstration date]?</p>	Revised to clarify relation to demonstration start date and allow for admissions not preceded by emergency room visits.
14.	Boarding Time in the ER	3g, 3l	Revise as follows:	<p>Replace: In the past, when you went to an emergency room for an emotional or mental crisis and needed hospitalization, did you wait a longer or shorter time to be admitted to a hospital than the most recent time?</p> <p>With: For [the crisis prior to demonstration date], when you went to an emergency room (or alternative) for an emotional or mental crisis and needed hospitalization, did you wait a longer or shorter time to be admitted to a hospital than the most recent time?</p> <p>Or, if walk-in to IMD, with: For [the crisis prior to demonstration date], did you wait a longer or shorter time to be admitted to a hospital than the most recent time?</p>	Revised to clarify relation to demonstration start date and allow for admissions not preceded by emergency room visits.

Changes to MEPD Beneficiary Interview Questions (continued)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
15.	Boarding Time in the ER	3h, 3m	Revise as follows:	<p>Replace: In the past, did the emergency room ever move you to a bed in the main part of the hospital? <i>If so</i>, what kind of unit was it? (Probe: psychiatric unit, other unit?) How long did you stay there?</p> <p>With: [If ER was used for crisis prior to demonstration date] For [the crisis prior to demonstration date], did the emergency room ever move you to a bed in the main part of the hospital? If so, what kind of unit was it? (Probe: psychiatric unit, other unit?) How long did you stay there?</p>	Revised to clarify relation to demonstration start date and allow for admissions not preceded by emergency room visits.
16.	Referral and Admission	4.	Revise as follows:	<p>Replace: Why did you first go to the emergency room (or alternative) before you were hospitalized most recently?</p> <p>With: Why did you first go to the emergency room (or alternative) before you were hospitalized?</p> <p>Or, if walk-in to IMD, with: What led you to go to [IMD]?</p>	Added language to recognize possibility of walk-in.
17.	Referral and Admission	4a.	Revise as follows:	<p>Replace: Do you recall feeling suicidal, homicidal, or that you were a danger to yourself or others? Did the emergency (or crisis) staff ask you questions about this?</p> <p>With: Do you recall feeling suicidal, homicidal, or that you were a danger to yourself or others? Did the emergency staff (or alternative or IMD staff) ask you questions about this?</p>	Revised to recognize possibility of walk-in.

Changes to MEPD Beneficiary Interview Questions (continued)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
18.	Referral and Admission	4d.	Revise as follows:	Replace: Did you give your <i>[name of Medicaid program]</i> card to someone at the hospital? Did someone explain to you which hospital you would go to and what was happening? With: Did you give your Medicaid card to someone at the emergency room (or alternative) ? Did someone explain to you which hospital you would go to and what was happening? Or, if walk-in to IMD, with: Did you give your Medicaid card to someone at [IMD] ?	Revised for clarity and to add alternative hospital or walk-in.
19.	Referral and Admission	4e.	Revise as follows:	Replace: How did your experience during this most recent crisis compare to previous crises? Did you notice anything different this time? With: How did your experience with referral and admission to [IMD] during this most recent crisis compare to [the crisis prior to demonstration date] ? Did you notice anything different this time?	Revised for clarity.
20.	Stabilization	5.	Revise as follows:	Replace: What types of group or individual activities did you engage in while you were in the hospital? With: What types of group or individual activities did you engage in while you were at [IMD] ?	Revised for clarity.
21.	Stabilization	5a.	Revise as follows:	Replace: Were these activities helpful? If so, how? With: Were these activities helpful? If so, how? If not, why not?	Revised for clarity.

Changes to MEPD Beneficiary Interview Questions (continued)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
22.	Stabilization	5f.	Revise as follows:	<p>Replace: How did the care you received compare to care you have received during other hospitalizations for your mental health?</p> <p>With: How did the care you received compare to care you have received during the hospitalization for your mental health prior to [the demonstration date]?</p>	Revised to clarify relation to demonstration start date.
23.	Discharge Planning	7.	Revise as follows:	<p>Replace: When patients are ready to leave the hospital, the hospital may give them instructions about what to do after leaving the hospital. This is called a discharge plan. Sometimes it includes instructions about which medications to take, when to see the doctor, or where to go if you have questions or need help. Did you receive instructions like this before you left the hospital?</p> <p>With: When patients are ready to leave the hospital, the hospital may give them instructions about what to do after leaving the hospital. This is called a discharge plan. Sometimes it includes instructions about which medications to take, when to see the doctor, or where to go if you have questions or need help. Did you receive instructions like this before you left [IMD]?</p>	Revised for clarity.
24.	Discharge Planning	7g.	Add as follows:	<p>Did the services or support you received after you left the hospital seem different from what you received when you left the hospital back in [date of crisis prior to demonstration]?</p>	Added to obtain comparative data.

Changes to MEPD Beneficiary Interview Questions (continued)

Issue #	Section	Question #	Action to be performed	Changes to the Protocol	Reason for the Change
25.	Closing/Follow-Up		Add as follows:	<p><i>That completes the questions we have for you today. [If there is remaining time: Is there anything we should have asked about but didn't? Do you have anything else you would like to tell us, or questions you would like to ask us?]</i> I'd like to give you the phone number for the crisis hotline so that you can contact someone who can help you if, for any reason, you feel upset after ending the call with us. Do you have something to write it down? It's 1-800-273-8255. It's pretty easy to remember if you need it because it spells out 1-800-273-TALK.</p> <p>I also just want to make sure that the information I have is correct so that I can send you a check in appreciation for your completing the interview. [Go over spelling of name, address, and, if relevant, fiduciary guardian information]. OK, so we will process this as soon as possible to get you your check [if respondent wants to know when they will receive the check say "you should receive the check in about 6 weeks"]. Thank you so much for taking the time to speak with us - we really appreciate and value your input.</p>	Added to let the beneficiary know that the interview is over and the next steps for receiving promised payment. Crisis hotline number provided to the beneficiary so they can call if, for any reason, they feel upset after ending the call with us.

Revisions to Attachment E, MEPD Beneficiary Consent Form and Recruitment Script

Issue #	Section	Item	Action to be performed	Changes to the Protocol	Reason for the Change
1.	Beneficiary Consent Form	Paragraph 5	Revise as follows:	Replace: The audiotape will be destroyed after the contents are transcribed, no later than seven days after the interview. With: The audio tape will be destroyed after the contents are transcribed, no later than 90 days after the interview.	Pilot test revealed that seven days was not enough time to have the contents transcribed and checked to ensure accuracy and completeness.
2.	Recruitment Script	All	Revise as follows:	All reference to “patient” changed to “beneficiary.”	Reworded in order to remind IMD staff to only obtain consents from Medicaid beneficiaries participating in the demonstration.
3.	Recruitment Script	Paragraph 3	Revise as follows:	Replace: BE SURE TO GIVE THE PATIENT A COPY OF THE CONSENT FORM AND THE STUDY FACT SHEET. With: STAFF MEMBER, HAND FACT SHEET TO BENEFICIARY AND SAY: This sheet provides information about the study.	Revised instruction for ease of administration and clarification purposes. Moved instruction from the end of the script to the beginning.
4.	Recruitment Script	Paragraphs 4 and 5	Add as follows:	Do you think you might like to participate? YES → STAFF MEMBER, TURN PAGE OVER AND FOLLOW INSTRUCTIONS NO → STAFF MEMBER REPLY TO BENEFICIARY: Thank you for your consideration.	Added for clarification and ease of administration purposes.

Changes to MEPD Beneficiary Consent Form and Recruitment Script (*continued*)

Issue #	Section	Item	Action to be performed	Changes to the Protocol	Reason for the Change
5.	Recruitment Script	Staff Member Instructions, Bullet 1	Revise as follows:	<p>Replace: STAFF MEMBER: IF A PATIENT THINKS THEY MIGHT LIKE TO PARTICIPATE BUT DOES NOT HAVE A PERSONAL PHONE, INQUIRE ABOUT OTHER PHONES THYE MIGHT USE, SUCH AS ONE BELONGING TO A FRIEND OR FAMILY MEMBER OR A PROGRAM THEY REGULARLY ATTEND.</p> <p>With: • If the beneficiary does not have a personal phone (home, work, or cell phone), inquire about other phones the beneficiary might use or have access to—for example, a phone belonging to a relative or someone the beneficiary lives with.</p>	Revised for clarification purposes.
6.	Recruitment Script	Staff Member Instructions, Bullet 2	Revise as follows:	<p>Replace: IF A PATIENT THINKS THEY MIGHT LIKE TO PARTICIPATE, READ THE CONSENT FORM TO THEM, OR ASK THEM TO READ THE CONSENT FORM. IF THE PATIENT AGREES TO PARTICIPATE, PRINT THEIR NAME, PHONE NUMBER, AND EMAIL ADDRESS (IF WILLING TO PROVIDE IT) ON THE CONSENT FORM, AND HAVE THEM SIGN IT.</p> <p>With: • If the beneficiary agrees to participate in the study, ask the beneficiary to read the consent form. Print the beneficiary’s name, phone number, and email address on the consent form, and have the beneficiary sign and date the consent form. Ask the witness (this might be you) to sign and date the consent form.</p>	Revised for clarification purposes.

Changes to MEPD Beneficiary Consent Form and Recruitment Script (*continued*)

Issue #	Section	Item	Action to be performed	Changes to the Protocol	Reason for the Change
7.	Recruitment Script	Staff Member Instructions, Bullet 3	Revise as follows:	<p>Replace: IF A PATIENT AGREES TO PARTICIPATE BUT HAS A LEGAL GUARDIAN AND CANNOT LEGALLY PROVED CONSENT, PLEASE ALSO PROVIDE CONTACT INFORMATION FOR THE GUARDIAN AND OBTAIN THEIR SIGNATURE.</p> <p>With: •If the beneficiary agrees to participate and cannot legally provide consent on his or her own behalf, but has a legal guardian, please obtain consent, a signature, and contact information from the guardian.</p>	Revised for clarification purposes.