

ATTACHMENT I
QUALITATIVE DATA CODING SCHEME

Medicaid Emergency Psychiatric Demonstration Evaluation

Document Families and Code List

Document Families

Document Families	DEFINITION
State	All primary documents should belong to a “State” family
Alabama	
California	
Connecticut	
District of Columbia	
Illinois	
Maine	
Maryland	
Missouri	
North Carolina	
Rhode Island	
Washington	
West Virginia	
Multi-state	
FMAP	All primary documents should belong to a “FMAP” family
FMAP 50%	State has a federal Medicaid matching rate of 50%
FMAP 51-60%	State has a federal Medicaid matching rate between 51% and 60%
FMAP 61-75%	State has a federal Medicaid matching rate between 61% and 75%
Document Type	All primary documents should belong to a “Document Type” family
Report	Report submitted by the State to CMS. Includes proposals, State Operational Plans, and IMPAQ progress reports
MEPD PD interview	State or county demonstration staff interview
IMD POC interview	Interview with the point of contact at the participating IMD
IMD front interview	Interview with frontline staff at the participating IMD
IMD admin interview	Interview with administrator at the participating IMD
ER front interview	Interview with frontline staff at the emergency room
ER admin interview	Interview with administrator at the emergency room
GH front interview	Interview with frontline staff at the GH
GH admin interview	Interview with administrator at the GH
UR interview	Interview with Utilization Review Vendor or ASO staff
Beneficiary interview	Beneficiary interview
Site Visit Round	Interview notes should belong to a “Site Visit Round” family
Round 1	
Round 2	
IMD Size	IMD interviews and Medical record reviews should belong to a “IMD Size” family
Beds: 17-25	IMD with 17 to 25 beds
Beds: 26-50	IMD with 26 to 50 beds
Beds: 51-100	IMD with 51 to 100 beds
Beds: 101-200	IMD with 101 to 200 beds
Beds: 201-300	IMD with 201 to 300 beds
Beds: 301+	IMD with 301 or more beds

Code List

CODE	DEFINITION
Respondent Context	
Responsibilities	Interviewee's job duties and/or role (use sub-code for MEPD specific responsibilities)
Responsibilities: MEPD	MEPD specific job duties or role
IMD	IMD context needed to understand the environment the demonstration is operating within (use sub-codes when possible)
IMD: Characteristics	Describes characteristics of participating IMDs (e.g., ALOS, daily census, number of beds, payer mix, type of hospital)
IMD: Outpatient	Describes IMD outpatient or step-down services that patients might be discharged to
IMD: QI other	Non-demonstration quality improvement activities driven by the hospital Do NOT code federal, state, or regional activities
IMD: Patient	Describes characteristics of patients at IMDs (e.g., physical comorbidities, substance use, residence) Do NOT code for consumer description of their own characteristics
ER	Emergency room context needed to understand the environment the demonstration is operating within (use sub-codes when possible)
ER: Characteristics	Describes characteristics of emergency rooms (e.g., boarding times, time spent in waiting rooms, number of beds, payer mix, presence of inpatient psychiatric unit for in-house transfer)
ER: Patient	Describes characteristics of patients at ERs (e.g., physical comorbidities, substance use, insurance status, residence)
GH	General hospital context needed to understand the environment the demonstration is operating within (use sub-codes when possible)
GH: Characteristics	Describes characteristics of general hospitals (e.g., boarding times, number of beds, payer mix)
GH: Patient	Describes characteristics of patients at ERs (e.g., physical comorbidities, substance use, insurance status, residence)
Beneficiary	Beneficiary descriptions of themselves during beneficiary interviews (e.g., physical comorbidities, substance use, insurance status, residence)
State Context	
State	State environmental factors including attitudes, geography (urban, rural), and income. (Use sub-code if possible)
State: Event	A natural disaster or other crisis in the state that may impact the delivery, financing, or utilization of mental health services. Events include the Sand Hook shooting and Hurricane Sandy.
State: Politics	Elected officials and political appointees, state budget issues
State: Policies	Legislation or regulation that is proposed or passed
MH Sector	Mental health system context needed to understand the environment the demonstration is operating within. (Use sub-codes if possible.)
MH Sector: Payment	Funding of mental health services in the state. Includes funding of Medicaid stays at IMDs prior to the demonstration and reimbursement for other level of care mental health services under Medicaid (fee for service versus managed care, types of covered services, payment rates)
MH Sector: QI-other	Non-demonstration quality improvement activities at the federal, state, or regional

CODE	DEFINITION
	level, including initiatives to reduce emergency room readmissions and to integrate primary and behavioral health care
MH Sector: Demand	Demand for inpatient psychiatric services before the demonstration and changes in demand during the demonstration
MH Sector: Beds	Availability of inpatient psychiatric beds. Include discussion of bed shortages and emergency room and general hospital psychiatric boarding.
MH Sector: Outpatient	Availability and characteristics of community-based services including mental health clinics, intensive outpatient programs (IOPs), partial hospitalization programs, residential programs, and group homes
MH Sector: Workforce	Availability of licensed mental health providers including psychologists, psychiatrists, social workers, advanced practice nurses, and registered nurses
PH Sector	Physical health system context needed to understand the environment the demonstration is operating within. Efforts could include medical home demonstrations or state health IT activities. Do NOT code for mental health system context.
Processes and Procedures	
New	State or providers implemented a new process or changed existing procedures. (Double-code with relevant process or procedure code)
Payment	Medicaid payments for services provided under the demonstration. (Use sub-codes if possible.)
Payment: IMDs	Medicaid reimbursement to IMDs for services provided under the demonstration. Include discussion of new or adapted systems for processing payments.
Payment: State	CMS provision of federal matching funds to states for services provided under the demonstration. Include discussion of changes to MMIS systems.
Outreach	Efforts to encourage participation in the demonstration. (Use sub-codes if possible.)
Outreach: Counties	State-level outreach to counties or regions. Include descriptions of outreach activities and reasons for targeting particular counties.
Outreach: IMDs	State or county outreach to IMDs. Include descriptions of how IMDs were selected and outreach activities to IMDs.
Outreach: Referral	Outreach to referral providers, such as emergency departments at general hospitals, community-based providers, or crisis stabilization services. Include descriptions of outreach activities and reasons for targeting particular referral providers. (Use sub-codes if possible)
Outreach: Referral from State	State or county outreach to referral providers.
Outreach: Referral from IMD	IMD outreach to referral providers.
Eligibility	Discussion of eligibility criteria for the demonstration (Use sub-codes if possible)
Eligibility: Condition	Discussion of the <i>change</i> in eligibility criteria to allow beneficiaries who are a danger to self or others but not homicidal or suicidal to participate
Eligibility: Enrollment	Discussion of the <i>change</i> in eligibility criteria to allow for individuals who are eligible for Medicaid but not enrolled to participate
Referral	Process for referral and admission under the demonstration. Includes description of <i>pre-authorization</i> procedures. (Use sub-code if process was changed for the demonstration)
Stabilization	Process for stabilization and <i>ongoing/concurrent authorization</i> for patients under the demonstration. (Use sub-code if process was changed for the demonstration)
Discharge	Description of discharge planning activities that occur <i>during</i> the inpatient stay. Do NOT code for activities that occur post-discharge.

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	(Use sub-code if process was changed for the demonstration)
Post-discharge	Post-discharge activities including after-care placements and follow-up care with community-based providers. (Use sub-code if process was changed for the demonstration)
Oversight	State oversight of stabilization, discharge planning, and/or post-discharge requirements. Oversight may be completed by a state agency, case manager, utilization review vendor, or behavioral health organization. (Use sub-code if process was changed for the demonstration)
Stakeholders	
Consumer	Consumer involvement in treatment or discharge planning procedures. (Double-code with process or procedure code)
Social support	Family or other social support network involvement in during treatment, discharge planning, or post-discharge procedures. (Double-code with process or procedure code)
Peer support	Peer-support provided during treatment, discharge planning, or post-discharge. (Double-code with process or procedure code)
Community	Involvement of community-based providers or resources (e.g., social workers, case workers, psychologists) during treatment,, discharge planning, or post-discharge procedures. (Double-code with process or procedure code)
Collaboration	Collaboration between the State, IMDs, and/or community-based services to plan or implement the demonstration. (Double-code with process or procedure code)
Experiences in Demo	Double-code with other codes
Unexpected Demo Changes	State or IMD is doing something different than they had originally planned (e.g., adjusting strategies, timelines, or turnover in demo leadership)
Facilitators	Things that went well; positive factors that are helping the demonstration succeed. Do NOT code facilitators of non demonstration activities.
Barriers	Things that haven't gone well; negative factors/challenges; how overcame them; Do NOT code barriers to non demonstration activities.
Good quote	A good quote or example that nicely illustrates a point; a key insight
Outcomes	Double-code with other codes
Goals	Goals of the MEPD program
Out	Things that happened as a result of demonstration (Use sub-codes if possible.)
Out: Access	Change in access to inpatient psychiatric care. Includes description of the change in use of IMDs
Out: Continuity	Change in the continuity of care for beneficiaries in need of inpatient psychiatric care. Includes discussions of beneficiaries receiving inpatient care closer to their home and/or outpatient services
Out: ER boarding	Change in psychiatric boarding at emergency rooms
Out: GH boarding	Change in psychiatric boarding at general hospitals
Out: Quality	Change in quality of care provided by IMD
Out: ALOS	Change in average length of stay at the IMD
Out: Readmission	Change in readmission rate for psychiatric emergencies
Out: Health	Change in beneficiary health or functional status
Out: Costs	Change in cost of inpatient or outpatient services (Use sub-codes if possible.)

CODE	DEFINITION
Out: Costs: State	Change in costs incurred by the state
Out: Costs: IMD	Change in costs incurred by the IMD
Out: Costs: Community	Change in costs incurred by community-based providers and referral providers
Out: Satisfaction	Change in beneficiary satisfaction with inpatient psychiatric care. Includes changes in satisfaction with treatment, discharge planning, and post-discharge procedures.
Other	
Other	Use if no suitable code and text seems important for analysis (but it's OK to not code)