

ATTACHMENT K
RESPONSE TO PUBLIC COMMENTS

**CMS RESPONSE TO PUBLIC COMMENTS RECEIVED FOR CMS-10487—MEDICAID
EMERGENCY PSYCHIATRIC DEMONSTRATION (MEPD) EVALUATION**

The Centers for Medicare and Medicaid Services (CMS) received comments from two mental health services researchers. Both offered support for the evaluation, the use of mixed-methods techniques, and the use of interviews to obtain feedback from service users with mental illness. This is the reconciliation of the comments.

Comment:

Both of the comments that CMS received suggested that interviews and focus groups be used to obtain the opinions of service users with mental illness and (one of the commenters added) their families.

Response:

CMS appreciates the importance of obtaining the perspectives of Medicaid beneficiaries with mental illness on their experiences with the services provided under the demonstration. Therefore, after each site visit, the evaluation contractor will conduct telephone interviews with five beneficiaries who have been recently discharged from each participating IMD. We opted for individual telephone interviews with Medicaid beneficiaries rather than focus groups for several reasons, including (1) the significant logistical difficulty in bringing beneficiaries together (including coordinating transportation for potential participants across large service areas) and (2) potential reluctance of beneficiaries to honestly discuss their experiences in a group setting. We opted not to speak with family members due to further logistical difficulties involved in obtaining written permission and the needed information from beneficiaries to be able to contact and interview family members about the beneficiary’s psychiatric hospitalizations. Moreover, the beneficiaries themselves will be in the best position to report on their experiences with services provided under the demonstration and how the quality of such services compares to any services received for psychiatric emergencies before the demonstration.

Comment:

One of the comments that CMS received further suggested that we obtain beneficiary perceptions of the quality of their linkage with community-based outpatient mental health, rehabilitation, and peer support services upon discharge as well as their ability to avoid re-entering inpatient settings within the 30-90 days following discharge.

Response:

The interview guide for conducting interviews with Medicaid beneficiaries contains a section on discharge planning. This section of the interview provides the opportunity for beneficiaries to comment on the discharge plan, whether their goals and preferences were included in discharge planning, and the extent to which they were linked with doctors and other service providers, such as outpatient mental health and other programs. The interviewer will ask whether the beneficiary received information about where to go if he or she needs help managing uncomfortable feelings. The interviewer will also ask what

services the beneficiary actually received upon discharge. These open-ended questions provide the opportunity for beneficiaries to describe the quality of their linkage with services upon discharge.