

Medicaid Section 1115 SMI/SED Demonstration Monitoring Report – Part B
[State] [Demonstration Name]
[Demonstration Year] – [Calendar Dates for Demonstration Year]
[Reporting Period] – [Calendar Dates for Reporting Period]
Submitted on [Insert Date]

**Medicaid Section 1115 Serious Mental Illness/Serious
Emotional Disturbance (SMI/SED) Demonstration
Monitoring Report Template**

***PRA Disclosure Statement** - This information is being collected to assist the Centers for Medicare & Medicaid Services in program monitoring of Medicaid Section 1115 Severe Mental Illness and Severe Emotional Disturbance Demonstrations. This mandatory information collection (42 CFR § 431.428) will be used to support more efficient, timely and accurate review of states' monitoring report submissions of Medicaid Section 1115 Severe Mental Illness and Severe Emotional Disturbance Demonstrations, and also support consistency in monitoring and evaluation, increase in reporting accuracy, and reduction in timeframes required for monitoring and evaluation. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.*

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #59). The time required to complete this information collection is estimated to average 29 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

1. Title Page for the State’s SMI/SED Demonstration or SMI/SED Components of Broader Demonstration

The state should complete this Title Page at the beginning of a demonstration and submit as the title page for all SMI/SED Monitoring Reports. The content of this table should stay consistent over time.

| | |
|--|--|
| State | <i>Enter state name.</i> |
| Demonstration name | <i>Enter full demonstration name as listed in the demonstration approval.</i> |
| Approval date for demonstration | <i>Enter approval date of the demonstration as listed in the demonstration approval letter (MM/DD/YYYY).</i> |
| Approval period for SMI/SED | <i>Enter the entire approval period for the demonstration. This should include a start date and an end date (MM/DD/YYYY – MM/DD/YYYY).</i> |
| Approval date for SMI/SED, if different from above | <i>Enter approval date for the SMI/SED demonstration as listed in the demonstration approval letter if different from above (MM/DD/YYYY).</i> |
| Implementation date of SMI/SED, if different from above | <i>Enter SMI/SED demonstration implementation date (MM/DD/YYYY). The state should consider its SMI/SED implementation date to be the date the state began claiming federal financial participation for services provided to individuals in IMDs.</i> |
| SMI/SED (or if broader demonstration, then SMI/SED -related) demonstration goals and objectives | <i>Enter summary of the SMI/SED (or if broader demonstration, then SMI/SED-related) demonstration goals and objectives as summarized in the STCs and/or demonstration fact sheet.</i> |

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2. Executive Summary

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

Enter the executive summary text here

3. Narrative Information on Implementation, by Milestone and Reporting Topic

| Prompt | State response | Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY) | Related metric (if any) |
|---|---|---|---|
| 1.2 Ensuring Quality of Care in Psychiatric Hospitals and Residential Settings (Milestone 1) | | | |
| 1.2.1 Metric Trends | | | |
| <input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1. | <i>EXAMPLE: The number of beneficiaries with SMI/SED who were treated for mental health in an IMD decreased by 5% due to an increase in crisis stabilization services in the state.</i> | <i>Insert the first measurement period in which the current trend (+ or – two percent) was reported.</i> <i>EXAMPLE: 01/01/2018–03/31/2018</i> | <i>Insert the metric related to the trend reported.</i> <i>EXAMPLE:#20: Beneficiaries with SMI/SED treated in an IMD for mental health</i> |
| <input type="checkbox"/> The state has no metrics trends to report for this reporting topic. | | | |

| Prompt | State response | Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY) | Related metric (if any) |
|---|--|--|--|
| 1.2.2 Implementation Update | | | |
| <p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> i) The licensure or accreditation processes for participating hospitals and residential settings <input checked="" type="checkbox"/> ii) The oversight process (including unannounced visits) to ensure participating hospital and residential settings meet state’s licensing or certification and accreditation requirements <input type="checkbox"/> iii) The utilization review process to ensure beneficiaries have access to the appropriate levels and types of care and to provide oversight on lengths of stay <input type="checkbox"/> iv) The program integrity requirements and compliance assurance process <input type="checkbox"/> v) The state requirement that psychiatric hospitals and residential settings screen beneficiaries for co-morbid physical health conditions, SUDs, and suicidal ideation, and facilitate access to treatment for those conditions <input type="checkbox"/> vi) Other state requirements/policies to ensure good quality of care in inpatient and residential treatment settings | <p><i>For implementation updates, insert annual or quarterly report in which the updated was first reported.</i></p> <p><i>EXAMPLE: ii) The state increased the frequency of unannounced visits from twice a year to three times a year in January 2019.</i></p> | <p><i>Insert the measurement period in which the update was first reported.</i></p> <p><i>EXAMPLE: ii) 01/01/2019–03/31/2019</i></p> | <p><i>Insert the metric related to the reported update (if any) or write “N/A”.</i></p> <p><i>EXAMPLE: ii) N/A</i></p> |
| <input type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |
| <input type="checkbox"/> The state expects to make the following program changes that may affect metrics related to Milestone 1. | | | |
| <input type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |
| 2.2 Improving Care Coordination and Transitions to Community-Based Care (Milestone 2) | | | |
| 2.2.1 Metric Trends | | | |
| <input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2. | | | |

| Prompt | State response | Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY) | Related metric (if any) |
|--|----------------|---|-------------------------|
| <input type="checkbox"/> The state has no metrics trends to report for this reporting topic. | | | |
| 2.2.2 Implementation Update | | | |
| <p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> i) Actions to ensure that psychiatric hospitals and residential treatment settings carry out intensive pre-discharge planning, and include community-based providers in care transitions <input type="checkbox"/> ii) Actions to ensure psychiatric hospitals and residential settings assess beneficiaries’ housing situations and coordinate with housing services providers <input type="checkbox"/> iii) State requirement to ensure psychiatric hospitals and residential settings contact beneficiaries and community-based providers within 72 hours post discharge <input type="checkbox"/> iv) Strategies to prevent or decrease the lengths of stay in EDs among beneficiaries with SMI or SED (e.g., through the use of peers and psychiatric consultants in EDs to help with discharge and referral to treatment providers) <input type="checkbox"/> v) Other State requirements/policies to improve care coordination and connections to community-based care | | | |
| <input type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |
| <input type="checkbox"/> The state expects to make the following program changes that may affect metrics related to Milestone 2. | | | |
| <input type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |

| Prompt | State response | Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY) | Related metric (if any) |
|--|----------------|---|-------------------------|
| 3.2 Access to Continuum of Care, Including Crisis Stabilization (Milestone 3) | | | |
| 3.2.1 Metric Trends | | | |
| <input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3. | | | |
| <input type="checkbox"/> The state has no metrics trends to report for this reporting topic. | | | |
| 3.2.2 Implementation Update | | | |
| Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <input type="checkbox"/> i) State requirement that providers use an evidenced-based, publicly available patient assessment tool to determine appropriate level of care and length of stay <input type="checkbox"/> ii) Other state requirements/policies to improve access to a full continuum of care including crisis stabilization | | | |
| <input type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |
| <input type="checkbox"/> The state expects to make the following program changes that may affect metrics related to Milestone 3. | | | |
| <input type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |
| 4.2 Earlier Identification and Engagement in Treatment, Including Through Increased Integration (Milestone 4) | | | |
| 4.2.1 Metric Trends | | | |
| <input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4. | | | |
| <input type="checkbox"/> The state has no metrics trends to report for this reporting topic. | | | |

| Prompt | State response | Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY) | Related metric (if any) |
|---|----------------|---|-------------------------|
| 4.2.2 Implementation Update | | | |
| <p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> i) Strategies for identifying and engaging beneficiaries in treatment sooner (e.g., with supported education and employment) <input type="checkbox"/> ii) Plan for increasing integration of behavioral health care in non-specialty settings to improve early identification of SED/SMI and linkages to treatment <input type="checkbox"/> iii) Establishment of specialized settings and services, including crisis stabilization services, focused on the needs of young people experiencing SMI or SED <input type="checkbox"/> iv) Other state strategies to increase earlier identification/engagement, integration, and specialized programs for young people | | | |
| <input type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |
| <input type="checkbox"/> The state expects to make the following program changes that may affect metrics related to Milestone 4. | | | |
| <input type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |
| 5.2 SMI/SED Health Information Technology (Health IT) | | | |
| 5.2.1 Metric Trends | | | |
| <input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics. | | | |
| <input type="checkbox"/> The state has no metrics trends to report for this reporting topic. | | | |

| Prompt | State response | Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY) | Related metric (if any) |
|--|----------------|---|-------------------------|
| 5.2.2 Implementation Update | | | |
| <p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> i) The three statements of assurance made in the state’s health IT plan <input type="checkbox"/> ii) Closed loop referrals and e-referrals from physician/mental health provider to physician/mental health provider and/or physician/mental health provider to community based supports <input type="checkbox"/> iii) Electronic care plans and medical records <input type="checkbox"/> iv) Individual consent being electronically captured and made accessible to patients and all members of the care team <input type="checkbox"/> v) Intake, assessment and screening tools being part of a structured data capture process so that this information is interoperable with the rest of the health IT ecosystem <input type="checkbox"/> vi) Telehealth technologies supporting collaborative care by facilitating broader availability of integrated mental health care and primary care <input type="checkbox"/> vii) Alerting/analytics <input type="checkbox"/> viii) Identity management | | | |
| <input type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |
| <input type="checkbox"/> The state expects to make the following program changes that may affect metrics related to health IT. | | | |
| <input type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |
| 6.2 Other SMI/SED-Related Metrics | | | |
| 6.2.1 Metric Trends | | | |
| <input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than two 2 percent related to other SMI/SED-related metrics. | | | |

| Prompt | State response | Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY) | Related metric (if any) |
|--|----------------|---|-------------------------|
| <input type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |
| 6.2.2 Implementation Update | | | |
| <input type="checkbox"/> The state expects to make the following program changes that may affect other SMI/SED-related metrics. | | | |
| <input type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |
| 7.1 Annual Assessment of the Availability of Mental Health Providers | | | |
| 7.1.1 Description Of Changes To Baseline Conditions And Practices | | | |
| <input type="checkbox"/> Describe and explain any changes in the mental health service needs (for example, prevalence and distribution of SMI/SED) of Medicaid beneficiaries with SMI/SED compared to those described in the Initial Assessment of Availability of Mental Health Services. Recommended word count is 500 words or less. | | | |
| <input type="checkbox"/> This is not an annual report, therefore the state has no update to report for this reporting topic. | | | |
| <input type="checkbox"/> Describe and explain any changes to the organization of the state’s Medicaid behavioral health service delivery system compared to those described in the Initial Assessment of Availability of Mental Health Services. Recommended word count is 500 words or less. | | | |
| <input type="checkbox"/> This is not an annual report, therefore the state has no update to report for this reporting topic. | | | |
| <input type="checkbox"/> Describe and explain any changes in the availability of mental health services for Medicaid beneficiaries with SMI/SED in the state compared to those described in the Initial Assessment of Availability of Mental Health Services. At minimum, explain any changes across the state in the availability of the following services: inpatient mental health services; outpatient and community-based services; crisis behavioral health services; and care coordination and care transition planning. Recommended word count is 500 words or less. | | | |

| Prompt | State response | Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY) | Related metric (if any) |
|---|----------------|---|-------------------------|
| <input type="checkbox"/> This is not an annual report, therefore the state has no update to report for this reporting topic. | | | |
| <input type="checkbox"/> Describe and explain any changes in gaps the state identified in the availability of mental health services or service capacity while completing the Availability Assessment compared to those described in the Initial Assessment of Availability of Mental Health Services. Recommended word count is 500 words or less. | | | |
| <input type="checkbox"/> This is not an annual report, therefore the state has no update to report for this reporting topic. | | | |
| 7.1.2 Implementation Update | | | |
| <p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> i) The state’s strategy to conduct annual assessments of the availability of mental health providers across the state and updates on steps taken to increase availability <input type="checkbox"/> ii) Strategies to improve state tracking of availability of inpatient and crisis stabilization beds | | | |
| <input type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |

| Prompt | State response | Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY) | Related metric (if any) |
|---|----------------|---|-------------------------|
| 8.1 SMI/SED Financing Plan | | | |
| 8.1.1 Implementation Update | | | |
| <p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> i) Increase availability of non-hospital, non-residential crisis stabilization services, including services made available through crisis call centers, mobile crisis units, and observation/assessment centers, with a coordinated community crisis response that involves law enforcement and other first responders <input type="checkbox"/> ii) Increase availability of on-going community-based services, e.g., outpatient, community mental health centers, partial hospitalization/day treatment, assertive community treatment, and services in integrated care settings such as the Certified Community Behavioral Health Clinic model | | | |
| <input type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |
| 9.2 Budget Neutrality | | | |
| 9.2.1 Current Status and Analysis | | | |
| <p><input type="checkbox"/> If the SMI/SED component is part of a broader demonstration, the state should provide an analysis of the SMI/SED-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.</p> | | | |
| 9.2.2 Implementation Update | | | |
| <p><input type="checkbox"/> The state expects to make the following program changes that may affect budget neutrality.</p> | | | |
| <input type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |

| Prompt | State response | Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY) | Related metric (if any) |
|---|----------------|---|-------------------------|
| 10.1 SMI/SED-Related Demonstration Operations and Policy | | | |
| 10.1.1 Considerations | | | |
| <input type="checkbox"/> States should highlight significant SMI/SED (or if broader demonstration, then SMI/SED-related) demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SMI/SED demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail. | | | |
| <input type="checkbox"/> The state has no related considerations to report for this topic. | | | |
| 10.1.2 Implementation Update | | | |
| <input type="checkbox"/> The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities. | | | |
| <input type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |
| <input type="checkbox"/> The state is working on other initiatives related to SMI/SED. | | | |
| <input type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |
| <input type="checkbox"/> The initiatives described above are related to the SMI/SED demonstration as described (States should note similarities and differences from the SMI/SED demonstration). | | | |
| <input type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |

| Prompt | State response | Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY) | Related metric (if any) |
|---|----------------|---|-------------------------|
| <p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> i) How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service) <input type="checkbox"/> ii) Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes) <input type="checkbox"/> iii) Partners involved in service delivery <input type="checkbox"/> iv) The state Medicaid agency’s Memorandum of Understanding (MOU) or other agreement with its mental health services agency | | | |
| <input type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |
| 11 SMI/SED Demonstration Evaluation Update | | | |
| 11.1 Narrative Information | | | |
| <input type="checkbox"/> Provide updates on SMI/SED evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. See report template instructions for more details. | | | |
| <input type="checkbox"/> The state has no SMI/SED demonstration evaluation update to report. | | | |
| <input type="checkbox"/> Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs. | | | |
| <input type="checkbox"/> The state has no SMI/SED demonstration evaluation update to report. | | | |
| <input type="checkbox"/> List anticipated evaluation-related deliverables related to this demonstration and their due dates. | | | |
| <input type="checkbox"/> The state has no SMI/SED demonstration evaluation update to report. | | | |

| Prompt | State response | Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY) | Related metric (if any) |
|--|----------------|---|-------------------------|
| 12.1 Other Demonstration Reporting | | | |
| 12.1.1 General Reporting Requirements | | | |
| <input type="checkbox"/> The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol. | | | |
| <input type="checkbox"/> The state has no updates on general requirements to report for this topic. | | | |
| <input type="checkbox"/> The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes. | | | |
| <input type="checkbox"/> The state has no updates on general requirements to report for this topic. | | | |
| <input type="checkbox"/> The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation. | | | |
| <input type="checkbox"/> The state has no updates on general requirements to report for this topic. | | | |
| Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <input type="checkbox"/> i) The schedule for completing and submitting monitoring reports <input type="checkbox"/> ii) The content or completeness of submitted reports and/or future reports | | | |
| <input type="checkbox"/> The state has no updates on general requirements to report for this topic. | | | |

| Prompt | State response | Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY) | Related metric (if any) |
|---|----------------|---|-------------------------|
| 12.1.2 Post-Award Public Forum | | | |
| <input type="checkbox"/> If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report. | | | |
| <input type="checkbox"/> No post-award public forum was held during this reporting period, and this is not an annual report, so the state has no post-award public forum update to report for this topic. | | | |
| 13.1 Notable State Achievements and/or Innovations | | | |
| 13.1 Narrative Information | | | |
| <input type="checkbox"/> Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SMI/SED (or if broader demonstration, then SMI/SED related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries. | | | |
| <input type="checkbox"/> The state has no notable achievements or innovations to report for this topic. | | | |

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

The MPT, FUH-CH, FUH-AD, FUA-AD, FUM-AD, AAP, APM, and APC measures (metrics #13, 14, 15, 16, 17, 18, 7, 8, 9, 10, 26, 29, 31) are Healthcare Effectiveness Data and Information Set (“HEDIS®”) measures that are owned and copyrighted by the National Committee for Quality Assurance (“NCQA”). NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures or specifications.

The measure specification methodology used by CMS is different from NCQA’s methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. Calculated measure results, based on the adjusted HEDIS specifications, may be called only “Uncertified, Unaudited HEDIS rates.”

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