

**Medicaid Section 1115 Serious Mental Illness/Serious
Emotional Disturbance (SMI/SED) Demonstration
Monitoring Protocol 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 as part of its SMI/SED Monitoring Protocol. This form should be submitted as the title page for all 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>

2. Proposed Modifications to SMI/SED Narrative Information on Implementation, by Milestone or Reporting Topic

Summary of proposed modification	Related metric (if any)	Justification for modification
1. Ensuring Quality of Care in Psychiatric Hospitals and Residential Settings (Milestone 1)		
<p><i>Provide a brief description of any changes or modifications the state expects to make in its narrative reporting, relative to the expectations described in the SMI/SED Monitoring Report Template (Narrative Information on Implementation)</i></p> <p><i>EXAMPLE</i> <i>Additional topic of interest</i></p>		<p><i>Summarize how the proposed modification will alter reporting relative to the SMI/SED Monitoring Report Template and why this modification is needed.</i></p> <p><i>EXAMPLE</i> <i>In addition to reporting on the requested information, the state plans to report on progress on X implementation activity not currently listed in the report template. The state will add this activity as a new row to the “Narrative Information on Implementation” table in Part A of its Monitoring Reports.</i></p>
<p><i>[Add rows as needed]</i></p>		
<p><input type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SMI/SED Monitoring Report Template and confirms that it will report the narrative information with the modifications described above.</p>		
<p><input type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SMI/SED Monitoring Report Template and confirms that it will report the narrative information as requested (no modifications).</p>		
2. Improving Care Coordination and Transitions to Community-Based Care (Milestone 2)		
<p><i>Provide a brief description of any changes or modifications the state expects to make in its narrative reporting, relative to the expectations described in the SMI/SED Monitoring Report Template (Narrative Information on Implementation)</i></p>		
<p><i>[Add rows as needed]</i></p>		
<p><input type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SMI/SED Monitoring Report Template and confirms that it will report the narrative information with the modifications described above.</p>		

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<input type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SMI/SED Monitoring Report Template and confirms that it will report the narrative information as requested (no modifications).		
3. Increasing Access to Continuum of Care, Including Crisis Stabilization Services (Milestone 3)		
<i>Provide a brief description of any changes or modifications the state expects to make in its narrative reporting, relative to the expectations described in the SMI/SED Monitoring Report Template (Narrative Information on Implementation)</i>		
<i>[Add rows as needed]</i>		
<input type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SMI/SED Monitoring Report Template and confirms that it will report the narrative information with the modifications described above.		
<input type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SMI/SED Monitoring Report Template and confirms that it will report the narrative information as requested (no modifications).		
4. Earlier Identification and Engagement in Treatment, Including Through Increased Integration (Milestone 4)		
<i>Provide a brief description of any changes or modifications the state expects to make in its narrative reporting, relative to the expectations described in the SMI/SED Monitoring Report Template (Narrative Information on Implementation)</i>		
<i>[Add rows as needed]</i>		
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5. SMI/SED Health Information Technology (Health IT)		
<i>Provide a brief description of any changes or modifications the state expects to make in its narrative reporting, relative to the expectations described in the SMI/SED Monitoring Report Template (Narrative Information on Implementation)</i>		
<i>[Add rows as needed]</i>		
<input type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SMI/SED Monitoring Report Template and confirms that it will report the narrative information with the modifications described above.		
<input type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SMI/SED Monitoring Report Template and confirms that it will report the narrative information as requested (no modifications).		
6. Other SMI/SED-related Metrics		
<i>Provide a brief description of any changes or modifications the state expects to make in its narrative reporting, relative to the expectations described in the SMI/SED Monitoring Report Template (Narrative Information on Implementation)</i>		
<i>[Add rows as needed]</i>		
<input type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SMI/SED Monitoring Report Template and confirms that it will report the narrative information with the modifications described above.		
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Summary of proposed modification	Related metric (if any)	Justification for modification
7. Annual Assessment of the Availability of Mental Health Providers		
<i>Provide a brief description of any changes or modifications the state expects to make in its narrative reporting, relative to the expectations described in the SMI/SED Monitoring Report Template (Narrative Information on Implementation)</i>		
[Add rows as needed]		
<input type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SMI/SED Monitoring Report Template and confirms that it will report the narrative information with the modifications described above.		
<input type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SMI/SED Monitoring Report Template and confirms that it will report the narrative information as requested (no modifications).		
8. SMI/SED Financing Plan		
<i>Provide a brief description of any changes or modifications the state expects to make in its narrative reporting, relative to the expectations described in the SMI/SED Monitoring Report Template (Narrative Information on Implementation)</i>		
[Add rows as needed]		
<input type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SMI/SED Monitoring Report Template and confirms that it will report the narrative information with the modifications described above.		
<input type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SMI/SED Monitoring Report Template and confirms that it will report the narrative information as requested (no modifications).		

Summary of proposed modification	Related metric (if any)	Justification for modification
9. Budget Neutrality		
<i>Provide a brief description of any changes or modifications the state expects to make in its narrative reporting, relative to the expectations described in the SMI/SED Monitoring Report Template (Narrative Information on Implementation)</i>		
<i>[Add rows as needed]</i>		
<input type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SMI/SED Monitoring Report Template and confirms that it will report the narrative information with the modifications described above.		
<input type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SMI/SED Monitoring Report Template and confirms that it will report the narrative information as requested (no modifications).		
10. SMI/SED-Related Demonstration Operations and Policy		
<i>Provide a brief description of any changes or modifications the state expects to make in its narrative reporting, relative to the expectations described in the SMI/SED Monitoring Report Template (Narrative Information on Implementation)</i>		
<i>[Add rows as needed]</i>		
<input type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SMI/SED Monitoring Report Template and confirms that it will report the narrative information with the modifications described above.		
<input type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SMI/SED Monitoring Report Template and confirms that it will report the narrative information as requested (no modifications).		

Summary of proposed modification	Related metric (if any)	Justification for modification
11. SMI/SED Demonstration Evaluation Update		
<i>Provide a brief description of any changes or modifications the state expects to make in its narrative reporting, relative to the expectations described in the SMI/SED Monitoring Report Template (Narrative Information on Implementation)</i>		
[Add rows as needed]		
<input type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SMI/SED Monitoring Report Template and confirms that it will report the narrative information with the modifications described above.		
<input type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SMI/SED Monitoring Report Template and confirms that it will report the narrative information as requested (no modifications).		
12. Other Demonstration Reporting		
<i>Provide a brief description of any changes or modifications the state expects to make in its narrative reporting, relative to the expectations described in the SMI/SED Monitoring Report Template (Narrative Information on Implementation)</i>		
[Add rows as needed]		
<input type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SMI/SED Monitoring Report Template and confirms that it will report the narrative information with the modifications described above.		
<input type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SMI/SED Monitoring Report Template and confirms that it will report the narrative information as requested (no modifications).		

Summary of proposed modification	Related metric (if any)	Justification for modification
13. Notable State Achievements and/or Innovations		
<i>Provide a brief description of any changes or modifications the state expects to make in its narrative reporting, relative to the expectations described in the SMI/SED Monitoring Report Template (Narrative Information on Implementation)</i>		
<i>[Add rows as needed]</i>		
<input type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SMI/SED Monitoring Report Template and confirms that it will report the narrative information with the modifications described above.		
<input type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SMI/SED Monitoring Report Template and confirms that it will report the narrative information as requested (no modifications).		

3. Annual Assessment of the Availability of Mental Health Providers Reporting

The state will use the following time period for reporting of its Annual Assessment of the Availability of Mental Health Providers:

EXAMPLE: The state will use data as of December 1 to conduct its Annual Assessment of Availability of Mental Health Providers.

4. Acknowledgement of Budget Neutrality Reporting

The state has reviewed the Budget Neutrality workbook provided by the project officer and understands the expectations for quarterly and annual monitoring reports. The state will provide the requested budget neutrality information (no modifications).

5. Retrospective reporting

If a state's monitoring protocol is approved after its first quarterly monitoring report submission date, the state should report data to CMS retrospectively for any prior quarters of SMI/SED demonstration implementation. States are expected to submit retrospective metrics data in the state's second monitoring report submission after monitoring protocol approval, or propose an alternative plan for reporting retrospectively on its SMI/SED demonstration.

In the monitoring report submission containing retrospective metrics data, the state should also provide a general assessment of metrics trends from the start of the state's demonstration through the end of the current reporting period. The state should report this information in Part B of its report submission (Table 3: Narrative Information on Implementation, by Milestone and Reporting Topic). This general assessment is not intended to be a comprehensive description of every trend observed in metrics data (for example, unlike other monitoring report submissions, the state is not required to describe all metrics changes (+ or) greater than 2 percent). Rather, the assessment is an opportunity for states to provide context for its retrospective metrics data, to support CMS's review and interpretation. For example, consider a state that submits data showing an increase in the utilization of telehealth services for mental health (metric #15) over the course of the retrospective reporting period. The state may decide to highlight this trend to CMS in Part B of its report (under Milestone 3) by briefly summarizing the trend and providing context that during this period, the state implemented a grant to improve access to mental health treatment in rural areas through the use of telemedicine.

The state will report retrospectively for any quarters prior to monitoring protocol approval as described above, in the state's second monitoring report submission after approval.

The state proposes an alternative plan to report retrospectively for any quarters prior to monitoring protocol approval: *Insert narrative description of proposed changes to retrospective reporting. State should provide justification for any proposed deviation.*

6. Reporting SMI Demonstration Metrics and Narrative Information

The state should review the guidance in Appendix A of the instructions document in order to attest it will follow CMS's guidance on reporting metrics and narrative information, or propose any deviations. The state should complete Table A below to reflect its proposed reporting schedule for the duration of its SMI/SED demonstration approval period.

- The state has completed the table below according to the guidance in Appendix A of the instructions document and attests to reporting metrics and narrative information in its quarterly and annual reports as described.

- The state has reviewed Appendix A of the instructions document and completed the table below with the following deviations: *Insert narrative description of proposed changes to reporting. State should provide justification for any proposed deviation.*

Table A. [STATE] reporting in quarterly and annual monitoring reports

Dates of reporting quarter	Broader 1115 DY (if applicable)*	SMI/SED DY	Report due (per STCs schedule)	Measurement period associated with SMI/SED information in report, by reporting category
<i>EXAMPLE:</i>	<i>EXAMPLE:</i>	<i>EXAMPLE:</i>	<i>EXAMPLE:</i>	<i>EXAMPLE:</i>
January 1, 2019 – March 31, 2019	DY3 Q1	DY1 Q1	5/30/2019	<ul style="list-style-type: none"> • Narrative information: SMI/SED DY1 Q1 • Grievances and appeals: SMI/SED DY1 Q1 • Other monthly and quarterly metrics: None • Annual metrics that are established quality measures: None • Other annual metrics: None
April 1, 2019 – June 30, 2019	DY3 Q2	DY1 Q2	8/29/2019	<ul style="list-style-type: none"> • Narrative information: SMI/SED DY1 Q2 • Grievances and appeals: SMI/SED DY1 Q2 • Other monthly and quarterly metrics: SMI/SED DY1 Q1 • Annual metrics that are established quality measures: None • Other annual metrics: None
July 1, 2019 – September 30, 2019	DY3 Q3	DY1 Q3	11/29/2019	<ul style="list-style-type: none"> • Narrative information: SMI/SED DY1 Q3 • Grievances and appeals: SMI/SED DY1 Q3 • Other monthly and quarterly metrics: SMI/SED DY1 Q2 • Annual metrics that are established quality measures: None • Other annual metrics: None
October 1, 2019 – December 31, 2019	DY4 Q4	DY1 Q4	4/1/2020	<ul style="list-style-type: none"> • Narrative information: SMI/SED DY1 Q4 • Grievances and appeals: SMI/SED DY1 Q4 • Other monthly and quarterly metrics: SMI/SED DY1 Q3 • Annual metrics that are established quality measures: None** • Other annual metrics: None
January 1, 2020 – March 31, 2020	DY4 Q1	DY2 Q1	5/30/2020	<ul style="list-style-type: none"> • Narrative information: SMI/SED DY2 Q1 • Grievances and appeals: SMI/SED DY2 Q1 • Other monthly and quarterly metrics: SMI/SED DY1 Q4 • Annual metrics that are established quality measures: None • Other annual metrics: SMI/SED DY1 (calculated for DY1)
April 1, 2019 – June 30, 2019	DY4 Q2	DY2 Q2	8/29/2020	<ul style="list-style-type: none"> • Narrative information: SMI/SED DY2 Q2 • Grievances and appeals: SMI/SED DY2 Q2 • Other monthly and quarterly metrics: SMI/SED DY2 Q1 • Annual metrics that are established quality measures: SMI/SED DY1 (calculated for CY 2019) • Other annual metrics: None

Medicaid Section 1115 SMI/SED Demonstration Monitoring Protocol – Part B

[State] [Demonstration Name]

Submitted on [Insert Date]

*In this example, the state's SMI/SED demonstration was added to its broader 1115 demonstration by amendment at the start of the broader 1115 demonstration's third demonstration year. States that do not have a broader 1115 demonstration (i.e., that have a SMI/SED demonstration only) should delete this column.

**In this example, the state reports its established quality measures in the second quarterly report following the annual report because its demonstration year ends on 12/31; this lag allows adequate time for claims runout and other data completeness issues, as well as time to incorporate annual measure steward updates to specifications. States with demonstration years that end January 31 or February 28 should instead report established quality measures in the first quarterly report following the annual report. All other states should report established quality measures in the annual report.