

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

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Emotional Disturbance (SMI/SED) Demonstration
Monitoring Report Template Instructions**

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A. Instructions for Using the SMI/SED Monitoring Report Template

1. Customize the template for use in quarterly and annual monitoring reports.

- ✓ **Customize Part A: SMI/SED Monitoring Workbook (Excel file, “Report – Metrics reporting” tab):** The state should align the content of the tab named “Report – Metrics reporting” with information provided in the state’s approved SMI/SED monitoring protocol, including populating the required health IT metrics (for example, reporting category, number, name, description, data source, measurement period), adding rows at the bottom of the tab for any additional state-identified metrics, and adding columns for any additional subpopulations to the end of the workbook. If a state did not propose reporting a given metric in its monitoring protocol, the state should populate the remaining cells in that row with “NA.” Similarly, if a state does not plan to report a metric separately for the named subpopulations, it should populate those cells with “NA.” The state should note that cells containing standard information (for example, milestone or reporting topic, metric type, reporting category, metric number, name, description, data source, measurement period) for CMS-provided metrics are locked for editing and cannot be altered by the state. However, the state should complete the column, “*Describe any deviations from CMS-provided measure specifications*” to list any deviations that were approved in its protocol.
- ✓ **Customize Part B: SMI/SED Monitoring Report Template (Word document).** Complete Section 1 (Title Page) of the template using the title page from the SMI/SED Monitoring Protocol Template. Customize Section 3 (Narrative Information on Implementation) by matching the sections in the table to those described in Part B of the state’s monitoring protocol.
- ✓ **Customize Part C: Budget Neutrality Workbook (Excel file).** At the time of demonstration approval, CMS will work with the state to confirm the appropriate workbook for this demonstration. The state should work with the project officer on developing the budget neutrality workbook.
- ✓ **Note:** If the state’s SMI/SED demonstration is part of a broader demonstration, CMS will work with the state to ensure there is no duplication in the reporting requirements for different components of the demonstration. For example, CMS may work with the state to avoid duplication in selecting metrics within Part A (SMI/SED Monitoring Workbook) and selecting reporting topics within Part B (for example, SMI/SED Demonstrations Operations and Policy, Budget Neutrality, SMI/SED Demonstration and Evaluation Update, Other SMI/SED Demonstration Reporting, and Notable State Achievements and/or Innovations).

2. Use the customized template to complete each quarterly and annual monitoring report. Populate parts A, B, and C as summarized in Table 1 and according to the instructions below:

- ✓ Review the detailed instructions in Section B of this document.
- ✓ **Complete Part A: SMI/SED Monitoring Workbook.** CMS requires that the state provide data on SMI/SED demonstration metrics for most milestones and reporting topics (see Table 1, and detailed instructions in Section B of this document). For each quarterly and annual report, the state should create new copies of the “Report – Metrics reporting” tab and the “Report – data and reporting issues” tab within the SMI/SED Monitoring Workbook Excel file. For each annual report, the state should create a new “Report – Annual availability assessment” tab within the SMI/SED Monitoring Workbook Excel file. Appendix A contains detailed guidance for reporting monitoring metrics and narrative information.
 - **“Report – Metrics reporting” tab:** Report metrics values using metrics technical specifications provided by CMS. To receive the metrics technical specification, please submit

a requests to: 1115MonitoringAndEvaluation@cms.hhs.gov and copy your CMS project officer on the message.

- **Dates covered by measurement period for each metric.** States should use the column “Dates covered by measurement period” to provide the calendar dates associated with the measurement period.
 - **Presenting data for counts.** The denominator and rate/percentage columns are shaded grey for any metrics that are reported as counts. The state should use the numerator outlined in technical specification in the numerator column, leaving the denominator and the rate/percentage columns grey. The state should report separately for the overall demonstration and for any subpopulations reported, using the columns provided.
 - **Presenting data for rates or percentages.** The state should populate the denominator and numerator columns for metrics that are reported as rates and percentages. After these values are entered, the “rate/percentage” cells—which are locked for editing—will calculate the associated rate or percentage. The state should report separately for the overall demonstration and for any subpopulations reported, using the columns provided.
 - **Quarterly and annual reporting.** The state should report data for annual metrics according to Part B, Section 5 (SMI/SED Demonstration Metrics Reporting and Calculations) in its monitoring protocol. The annual metric reporting columns should remain empty in other quarterly reports, as noted within the tab.
 - **Alignment with CMS-provided technical specifications.** The state should indicate the version of the 1115 SMI/SED metrics technical specifications manual used to report each metric, using the column named “Technical specification manual version.” In addition, the state should attest that reporting matches the CMS-provided technical specifications for each metric, using the column named “*Attest that reporting matches the CMS-provided specification (Y/N).*” For metrics where reporting does not match the CMS-provided specifications, the state should describe these deviations in the provided column. For state-identified metrics or the SMI & SED definitions, states should attest that it is reporting as specified in its monitoring protocol or the state should describe these deviations in the provided column.
 - **Describe any deviations from CMS-provided measure specifications.** The state should describe any deviations from the CMS-provided measure specifications approved in its monitoring protocol.
 - **Presence of data and reporting issues.** In the column named “*Reporting issue (Y/N).*” the state should indicate whether any data or reporting issues affected the state’s ability to report metrics as described in the monitoring protocol (for example, difficulty obtaining necessary data or calculating a required measure). For any identified issues, the state should provide further detail in the “Report – Data and reporting issues” tab described below.
- **“Report – Data and Reporting issues” tab:**
 - **New issues.** For each metric with a reporting issue identified in the “Report – Metrics reporting” tab, the state should use the Report – Data and reporting issues” tab to provide CMS with more information on the challenge and how it affects reporting.

- **Updates on previous issues.** The state should also use this tab to provide CMS with updates on any data or reporting issues described in previous reports. When applicable, the state should note when issues are resolved. If an issue was noted as resolved in the previous report, it should not be reported in the current report.
 - **Confirmation that there are no issues.** For each milestone or reporting topic where metrics are reported as outlined in the monitoring protocol and where there are no data reporting issues, mark the appropriate checkbox.
 - **“Report – Annual availability assessment” tab:** Report the state’s annual assessment of the availability of mental health providers as part of each annual monitoring report. The annual availability assessment contains parallel information to current availability assessment submitted as part of the state’s application. States should use the instructions provided in the “Instruction – Avail assessment” tab to complete the “Report – Avail assessment” tab. There are also definitions of terms used in the assessment provided in the “Definitions – Avail assessment” tab.
- ✓ **Complete Part B: SMI/SED Monitoring Report Template.** The SMI/SED Monitoring Report Template contains three sections:
- **1. Title Page.** The title page is a brief form that the state completed as part of the SMI/SED Monitoring Protocol. The state should submit this form as the title page for all Monitoring Reports. The content of the title page should stay consistent over time.
 - **2. Executive Summary.** The state should provide a brief, targeted executive summary to communicate key achievements, highlights, issues, and/or risks identified during the current reporting period for the SMI/SED Demonstration or SMI/SED components of a broader demonstration. This should also identify key changes since the last monitoring report, including the implementation of new program components; programmatic improvements (for example, increased outreach or any beneficiary or provider education efforts); and highlight unexpected changes (for example, unexpected increases or decreases in enrollment or complaints, etc.). Historical background or general descriptions of the waiver components should not be included. The word count should not exceed 500.
 - **3. Narrative Information on Implementation.** The state should report narrative information in this table following the prompts contained in the detailed instructions (such as on metrics trends and implementation). These detailed instructions vary for each milestone or reporting topic; the state should consult the detailed instructions in Section B of this document for more information. The state should add rows as needed to report all relevant information. For any given milestone or reporting topic, if no information is available or relevant at this time, leave the row blank and instead mark the appropriate checkbox in the table. Appendix A contains detailed guidance for reporting monitoring metrics and narrative information. Appendix B contains guidance for calculating the percent change for metrics trends reporting.
- ✓ **Complete Part C: Budget Neutrality Workbook.** The Budget Neutrality reporting topic incorporates a budget neutrality workbook for the demonstration. This budget neutrality workbook should be submitted as a separate deliverable as part of each report.

Note: Any narrative/summary text provided in the report should be brief. With the exception of the executive summary and the annual assessment of the availability of mental health providers, the word count for any response should not exceed 250 (2–3 paragraphs).

Table 1. SMI/SED Monitoring Reporting Overview, by Milestone or Reporting Topic

#	Milestone or Reporting Topic	Part A. SMI/SED Monitoring Workbook	Part B. SMI/SED Monitoring Report Template ^a	Part C. Budget Neutrality Workbook
0.	Title Page	--	Section 1	--
0.	Executive Summary	--	Section 2	--
1.	Ensuring Quality of Care in Psychiatric Hospitals and Residential Settings (Milestone 1)	<ul style="list-style-type: none"> • Report – Metrics reporting tab • Report – Data & reporting issues tab 	Section 3: <ul style="list-style-type: none"> • Metrics trends • Implementation update 	--
2.	Improving Care Coordination and Transitions to Community-Based Care (Milestone 2)	<ul style="list-style-type: none"> • Report – Metrics reporting tab • Report – Data & reporting issues tab 	Section 3: <ul style="list-style-type: none"> • Metrics trends • Implementation update 	--
3.	Increasing Access to Continuum of Care, Including Crisis Stabilization Services (Milestone 3)	<ul style="list-style-type: none"> • Report – Metrics reporting tab • Report – Data & reporting issues tab 	Section 3: <ul style="list-style-type: none"> • Metrics trends • Implementation update 	--
4.	Earlier Identification and Engagement in Treatment, Including Through Increased Integration (Milestone 4)	<ul style="list-style-type: none"> • Report – Metrics reporting tab • Report – Data & reporting issues tab 	Section 3: <ul style="list-style-type: none"> • Metrics trends • Implementation update 	--
5.	SMI/SED Health Information Technology (Health IT)	<ul style="list-style-type: none"> • Report – Metrics reporting tab^b • Report – Data & reporting issues tab^b 	Section 3: <ul style="list-style-type: none"> • Metrics trends • Implementation update 	--
6.	Other SMI/SED-Related Metrics	<ul style="list-style-type: none"> • Report – Metrics reporting tab • Report – Data & reporting issues tab 	Section 3: <ul style="list-style-type: none"> • Metrics trends • Implementation update 	--
7.	Annual Assessment of the Availability of Mental Health Providers	<ul style="list-style-type: none"> • Report – Avail assessment tab^c 	Section 3: Implementation update	
8.	SMI/SED Financing Plan	--	Section 3: <ul style="list-style-type: none"> • Implementation update 	
9.	Budget Neutrality	--	Section 3: <ul style="list-style-type: none"> • Current status and analysis • Implementation update 	Submit completed workbook
10.	SMI/SED-Related Demonstration Operations and Policy	--	Section 3: <ul style="list-style-type: none"> • SMI/SED-related demonstrations operations and policy • Implementation update 	--
11.	SMI/SED Demonstration Evaluation Update	--	Section 3: <ul style="list-style-type: none"> • SMI/SED demonstration evaluation update 	--
12.	Other Demonstration Reporting	--	Section 3: <ul style="list-style-type: none"> • Other demonstration reporting 	--
13.	Notable State Achievements and/or Innovations	--	Section 3: <ul style="list-style-type: none"> • Notable state achievements and/or innovations 	--

^a See detailed instructions for guidance on narrative reporting, which varies by milestone or reporting topic.

^b There are no CMS-provided metrics for the health IT topic; the state must identify relevant health IT metrics according to the guidance provided in the SMI/SED Monitoring Protocol Template instructions.

^c States are required to complete only the “Report – Annual availability assessment” tab for annual monitoring reports.

B. Detailed Instructions by Milestone or Reporting Topic

1. Ensuring Quality of Care in Psychiatric Hospitals and Residential Treatment Settings (Milestone 1)

This section focuses on ensuring quality of care in psychiatric hospitals and residential treatment settings for SMI/SED to assess the state's progress toward meeting Milestone 1. The state should report the following:

1.1. Metrics: Ensuring Quality of Care in Psychiatric Hospitals and Residential Treatment Settings (Milestone 1)

In Part A: SMI/SED Monitoring Workbook, report metrics data and any data or reporting issues related to Milestone 1:

1. **“Report – Metrics reporting” tab.** *The state should report metrics data in the state-customized “Report – Metrics reporting” tab, following the instructions in Section A of this document.*
2. **“Report – Data and reporting issues” tab.** *For each metric with a data or reporting issue identified in the “Report – Metrics reporting” tab, the state should provide further detail on the issue using the “Report – Data and reporting issues” tab, following the instructions in Section A of this document.*

1.2. Narrative Information on Implementation: Ensuring Quality of Care in Psychiatric Hospitals and Residential Treatment Settings (Milestone 1)

In Part B: SMI/SED Monitoring Report Template, the state should complete the Narrative Information on Implementation table (Section 3) to report on trends and implementation updates related to Milestone 1.

1. **Metrics trends.** *The state should discuss any relevant trends related to ensuring quality of care in psychiatric hospitals and residential treatment settings. At a minimum, changes (+ or -) greater than 2 percent should be described here.*

If the state has not identified any trends in the data, the state should mark the checkbox in the table indicating there are no apparent trends.

2. **Implementation update.** *This section corresponds with the state's responses related to Milestone 1 of its implementation plan. The state should provide answers to the following questions:*
 - *Compared to the demonstration design and operational details outlined in the implementation plan, have there been any changes to, or does the state expect to make any changes to:*
 - i. *The licensure or accreditation processes for participating hospitals and residential settings?*
 - ii. *The oversight process (including unannounced visits) to ensure participating hospital and residential settings meet state's licensing or certification and accreditation requirements?*
 - 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?*
 - iv. *The program integrity requirements and compliance assurance process?*
 - 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?*
 - vi. *Other state requirements/policies to ensure good quality of care in inpatient and residential treatment settings?*

- *Are there any other anticipated program changes that may affect metrics related to ensuring quality of care in psychiatric hospitals and residential treatment settings (if the state is reporting such metrics)? If so, please describe these changes.*

If the state has not identified any changes, the state should use the checkboxes provided to indicate it has no changes to report.

2. Improving Care Coordination and Transitions to Community-Based Care (Milestone 2)

This section focuses on care coordination and transitions to community-based care to assess the state's progress toward meeting Milestone 2. The state should report on the following:

2.1. Metrics: Improving Care Coordination and Transitions to Community-Based Care (Milestone 2)

In Part A: SMI/SED Monitoring Workbook, report metrics data and any data or reporting issues related to Milestone 2:

1. **“Report – Metrics reporting” tab.** *The state should report metrics data in the state-customized “Report – Metrics reporting” tab, following the instructions in Section A of this document.*
2. **“Report – Data and reporting issues” tab.** *For each metric with a data or reporting issue identified in the “Report – Metrics reporting” tab, the state should provide further detail on the issue using the “Report – Data and reporting issues” tab, following the instructions in Section A of this document.*

2.2. Narrative Information on Implementation: Improving Care Coordination and Transitions to Community-Based Care (Milestone 2)

In Part B: SMI/SED Monitoring Report Template, the state should complete the Narrative Information on Implementation table to report on trends and implementation updates related to Milestone 2:

1. **Metrics trends.** *The state should discuss any relevant trends related to care coordination and transition to community-based care. At a minimum, changes (+ or -) greater than 2 percent should be described here.*

If the state has not identified any trends in the data, the state should mark the checkbox in the table indicating there are no apparent trends.

2. **Implementation update.** *This section corresponds with the state's responses related to Milestone 2 of its implementation plan. The state should provide answers to the following questions:*

- *Compared to the demonstration design and operational details outlined in the implementation plan, have there been any changes to, or does the state expect to make any changes to:*
 - 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?*
 - ii. *Actions to ensure psychiatric hospitals and residential settings assess beneficiaries' housing situations and coordinate with housing services providers?*
 - iii. *State requirement to ensure psychiatric hospitals and residential settings contact beneficiaries and community-based providers within 72 hours post discharge?*
 - iv. *Strategies to improve patient referral into treatment by specified care setting (school, community, criminal justice, faith communities)*

- v. *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)?*
- vi. *Other State requirements/policies to improve care coordination and connections to community-based care?*
 - o *Are there any other anticipated program changes that may affect metrics related to care coordination and transitions between levels of care? If so, please describe these changes.*

If the state has not identified any changes, the state should use the checkboxes provided to indicate it has no changes to report.

3. Access to Continuum of Care, Including Crisis Stabilization (Milestone 3)

This section focuses on access to the continuum of care for SMI/SEDs, including crisis stabilization to assess the state's progress toward meeting Milestone 3. The state should report the following:

3.1. Metrics: Access to Continuum of Care (Milestone 3)

In Part A: SMI/SED Monitoring Workbook, report metrics data and any data or reporting issues related to Milestone 1:

1. **“Report – Metrics reporting” tab.** *The state should report metrics data in the state-customized “Report – Metrics reporting” tab, following the instructions in Section A of this document.*
2. **“Report – Data and reporting issues” tab.** *For each metric with a data or reporting issue identified in the “Report – Metrics reporting” tab, the state should provide further detail on the issue using the “Report – Data and reporting issues” tab, following the instructions in Section A of this document.*

3.2. Narrative Information on Implementation: Access to Continuum of Care (Milestone 3)

In Part B: SMI/SED Monitoring Report Template, the state should complete the Narrative Information on Implementation table (Section 3) to report on trends and implementation updates related to Milestone 3:

1. **Metrics trends.** *The state should discuss any relevant trends related to access to the continuum of care for SMI/SEDs, such as those stemming from benefit access, utilization, and delivery network. At a minimum, changes (+ or -) greater than 2 percent should be described here.*

If the state has not identified any trends in the data, the state should mark the checkbox in the table indicating there are no apparent trends.

2. **Implementation update.** *This section corresponds with the state's responses related to Milestone 3 of its implementation plan. The state should provide answers to the following questions:*
 - o *Compared to the demonstration design and operational details outlined in the implementation plan, have there been any changes to, or does the state expect to make any changes to:*
 - i. *State requirement that providers use an evidenced-based, publicly available patient assessment tool to determine appropriate level of care and length of stay?*
 - ii. *Other state requirements/policies to improve access to a full continuum of care including crisis stabilization?*
 - o *Are there any other anticipated program changes that may affect metrics related to access to the continuum of care for SMI/SEDs, including crisis stabilization? If so, please describe these*

changes. For example, new legislation was recently signed by the governor which will allow Medicaid billing for a new form of crisis stabilization services effective X date.

If the state has not identified any changes, the state should use the checkboxes provided to indicate it has no changes to report.

4. Earlier Identification and Engagement in Treatment, Including Through Increased Integration (Milestone 4)

This section focuses on earlier identification and engagement in treatment, including through increased integration to assess the state's progress toward meeting Milestone 4. The state should report the following:

4.1. Metrics: Earlier Identification and Engagement in Treatment, Including Through Increased Integration (Milestone 4)

In Part A: SMI/SED Monitoring Workbook, report metrics data and any data or reporting issues related to Milestone 4:

- 1. "Report – Metrics reporting" tab. The state should report metrics data in the state-customized "Report – Metrics reporting" tab, following the instructions in Section A of this document.*
- 2. "Report – Data and reporting issues" tab. For each metric with a data or reporting issue identified in the "Report – Metrics reporting" tab, the state should provide further detail on the issue using the "Report – Data and reporting issues" tab, following the instructions in Section A of this document.*

4.2. Narrative Information on Implementation: Earlier Identification and Engagement in Treatment, Including Through Increased Integration (Milestone 4)

In Part B: SMI/SED Monitoring Report Template, the state should complete the Narrative Information on Implementation table (Section 3) to report on trends and implementation updates related to Milestone 4:

- 1. Metrics trends. The state should discuss any relevant trends related to earlier identification and engagement in treatment. At a minimum, changes (+ or -) greater than 2 percent should be described here.*

If the state has not identified any trends in the data, the state should mark the checkbox in the table indicating there are no apparent trends.

- 2. Implementation update. This section corresponds with the state's responses related to Milestone 3 of its implementation plan. The state should provide answers to the following questions:*
 - o Compared to the demonstration design and operational details outlined in the implementation plan, have there been any changes to, or does the state expect to make any changes to:*
 - i. Strategies for identifying and engaging beneficiaries in treatment sooner (e.g., with supported education and employment)?*
 - ii. Plan for increasing integration of behavioral health care in non-specialty settings to improve early identification of SED/SMI and linkages to treatment?*
 - iii. Establishment of specialized settings and services, including crisis stabilization services, focused on the needs of young people experiencing SMI or SED?*
 - iv. Other state strategies to increase earlier identification/engagement, integration, and specialized programs for young people?*

- *Are there any other anticipated program changes that may affect metrics related to earlier identification and engagement in treatment, including through increased integration? If so, please describe these changes.*

If the state has not identified any changes, the state should use the checkboxes provided to indicate it has no changes to report.

5. SMI/SED Health Information Technology (Health IT)

This reporting topic focuses on SMI/SED health IT to assess the state’s progress on the health IT portion of the implementation plan. The state should report on the following:

5.1. Metrics: SMI/SED Health IT

In Part A: SMI/SED Monitoring Workbook, report metrics data and any data or reporting issues related to SMI/SED health IT:

1. **“Report – Metrics reporting” tab.** *The state should report SMI/SED health IT metrics data in the state-customized “Report – Metrics reporting” tab, following the instructions in Section A of this document.*
2. **“Report – Data and reporting issues” tab.** *For each metric with a data or reporting issue identified in the “Report – Metrics reporting” tab, the state should provide further detail on the issue using the “Report – Data and reporting issues” tab, following the instructions in Section A of this document.*

5.2. Narrative Information on Implementation: SMI/SED Health IT

In Part B: SMI/SED Monitoring Report Template, the state should complete the Narrative Information on Implementation table to report on trends and implementation updates related to SMI/SED health IT:

1. **Metrics trends.** *The state should discuss any relevant trends related to SMI/SED Health IT in this table. Changes (+ or -) greater than 2 percent should be described here.*
If the state has not identified any trends in the data, the state should mark the checkbox in the table indicating there are no apparent trends.
2. **Implementation update.** *This section corresponds with “Attachment B: Health IT Plan” of the state’s implementation plan. The state should provide answers to the following questions:*

- *Compared to the demonstration design and operational details outlined in STCs and the implementation plan, have there been any changes to, or does the state expect to make any changes to:*
 - i. *The three statements of assurance made in the state’s health IT plan?*
 - 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?*
 - iii. *Electronic care plans and medical records?*
 - iv. *Individual consent being electronically captured and made accessible to patients and all members of the care team?*
 - 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?*
 - vi. *Telehealth technologies supporting collaborative care by facilitating broader availability of integrated mental health care and primary care?*
 - vii. *Altering/analytics*

viii. *Identity management*

- *Are there any other anticipated program changes that may affect metrics related to health IT? If so, please describe these changes.*

If the state has not identified any changes, the state should use the checkboxes provided to indicate it has no changes to report.

6. Other SMI/SED-Related Metrics

This reporting topic focuses on other SMI/SED-related metrics not otherwise reported in this document. The state should report on the following:

6.1. Metrics: Other SMI/SED-Related Metrics

In Part A: SMI/SED Monitoring Workbook, report metrics data and any data or reporting issues on other SMI/SED-related metrics:

1. **“Report – Metrics reporting” tab.** *The state should report metrics data in the state-customized “Report – Metrics reporting” tab, following the instructions in Section A of this document.*
2. **“Report – Data and reporting issues” tab.** *For each metric with a data or reporting issue identified in the “Report – Metrics reporting” tab, the state should provide further detail on the issue using the “Report – Data and reporting issues” tab, following the instructions in Section A of this document.*

6.2. Narrative Information on Implementation: Other SMI/SED-Related Metrics

In Part B: SMI/SED Monitoring Report Template, the state should complete the Narrative Information on Implementation table to report on trends and implementation updates on other SMI/SED-related metrics:

1. **Metrics trends.** *The state should discuss any relevant trends that the data shows are related to other SMI/SED-related metrics. At a minimum, changes (+ or -) greater than 2 percent should be described here.*

If the state has not identified any trends in the data, the state should mark the checkbox in the table indicating there are no apparent trends.

2. **Implementation update.** *The state should provide answers to the following question:*

- *Are there any anticipated program changes that may affect these SMI/SED-related metrics? If so, please describe these changes.*

If the state has not identified any changes, the state should mark the checkbox in the table indicating it has no changes to report.

7. Annual Assessment of the Availability of Mental Health Providers

This reporting topic focuses on the state’s annual assessment of the availability of mental health providers. The state should report on the following:

7.1. Narrative Information on Implementation: Annual Availability Assessment

In Part B: SMI/SED Monitoring Report Template, the state should complete the Narrative Information on Implementation table to report on implementation updates related to the annual availability assessment:

1. **Description of changes to baseline conditions and practices.** *This section corresponds to the questions the state provided in its Initial Assessment of Availability of Mental Health Services. The recommended word count for each response is 500 words or less.*
 - *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.*
 - *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.*
 - *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.*
 - *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.*

If this is not an annual report, the state should check the box to indicate there is no update to report for this reporting topic.

2. **Implementation update.** *This section corresponds with the state’s responses related to its annual availability assessment as part of Milestone 3 of its implementation plan. The state should provide answers to the following questions:*
 - *Compared to the demonstration design and operational details outlined in STCs and the implementation plan, have there been any changes to, or does the state expect to make any changes to:*
 - 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?*
 - ii. *Strategies to improve state tracking of availability of inpatient and crisis stabilization beds?*

If the state has not identified any changes, the state should mark the checkbox in the table indicating it has no changes to report.

8. SMI/SED Financing Plan

This reporting topic focuses on efforts to increase access to mental health providers throughout the state to assess the state’s progress on the financing plan to be implemented by the end of the demonstration. The state should report on the following:

8.1. Narrative Information on Implementation: Financing Plan

In Part B: SMI/SED Monitoring Report Template, the state should complete the Narrative Information on Implementation table to report on implementation updates related to the financing plan:

1. **Implementation update.** *This section corresponds with “Attachment A: Financing Plan” of the state’s implementation plan. The state should provide answers to the following questions:*

- *Compared to the demonstration design and operational details outlined in STCs and the implementation plan, have there been any changes to, or does the state expect to make any changes to, its plan to:*
 - 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?*
 - 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?*

If the state has not identified any changes, the state should mark the checkbox in the table indicating it has no changes to report.

9. Budget Neutrality

This reporting topic focuses on the budget neutrality demonstration requirement. The state should report on the following:

9.1. Budget Neutrality Workbook

The state should submit its completed SMI/SED Budget Neutrality Workbook as a separate deliverable to complete Part C of each monitoring report. If the SMI/SED demonstration is a component of a broader demonstration, the budget neutrality workbook for the entire demonstration should be included.

9.2. Narrative Information on Implementation: Budget Neutrality

In Part B: SMI/SED Monitoring Report Template, the state should complete the Narrative Information on Implementation table to report on the current status/analysis and implementation updates related to budget neutrality:

1. **Current status and analysis.** *The state should discuss the current status of budget neutrality and provide an analysis of the budget neutrality to date.*

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.

2. **Implementation update.** *The state should provide answers to the following questions:*

- *Are there any anticipated program changes that may affect budget neutrality? If so, please describe these changes.*

If the state has not identified any changes, the state should mark the checkbox in the table indicating it has no changes to report.

10. SMI/SED (or if a Broader Demonstration, then SMI/SED-related) Demonstration Operations and Policy

This reporting topic focuses on operations and policy related to the SMI/SED demonstration. The state should report the following:

10.1. Narrative Information on Implementation: SMI/SED-Related Demonstration Operations and Policy

In Part B: SMI/SED Monitoring Report Template, the state should complete the Narrative Information on Implementation table to report on considerations and implementation updates related to demonstration operations and policy:

1. **Considerations.** *The state should highlight significant SMI/SED (or if a broader demonstration, then SMI/SED-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary effects. The state should 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. Such considerations could include the following, either real or anticipated:*

- *Any changes to SMI/SED populations served, benefits, access, delivery systems, or eligibility*
- *Legislative activities and state policy changes*
- *Fiscal changes that would result in changes in access, benefits, populations, enrollment, etc.*
- *Related audit or investigation activity, including findings*
- *Litigation activity*
- *Status and/or timely milestones for health plan contracts*
- *Market changes that may impact Medicaid operations*
- *Any delays or variance with provisions outlined in STCs*
- *Systems issues or challenges that might impact the demonstration [i.e. eligibility and enrollment (E&E), Medicaid management information systems (MMIS)]*
- *Changes in key state personnel or organizational structure*
- *Procurement items that will impact demonstration (i.e. enrollment broker, etc.)*
- *Significant changes in payment rates to providers which will impact demonstration or significant losses for managed care organizations (MCOs) under the demonstration*
- *Emergency Situation/Disaster*
- *Other*

If the state has not identified any considerations related to demonstration operations and policy, the state should mark the checkbox in the table indicating there are no related considerations.

2. **Implementation update.** *The state should provide answers to the following questions:*

- *Has the state experienced any significant challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers)? Has the state noted any performance issues with contracted entities?*
- *What other initiatives is the state working on related to SMI/SED?*
- *How do these initiatives relate to the SMI/SED demonstration? How are they similar to or different from the SMI/SED demonstration?*
- *Compared to the demonstration design and operational details outlined in STCs and the implementation plan, have there been any changes to, or does the state expect to make any changes to:*
 - i. *How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)?*

- ii. *Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)?*
- iii. *Partners involved in service delivery?*
- iv. *The state Medicaid agency's Memorandum of Understanding (MOU) or other agreement with its mental health services agency?*

If the state has not identified any changes, the state should use the checkboxes provided to indicate it has no changes to report.

11. SMI/SED Demonstration Evaluation Update

This reporting topic focuses on updates related to the SMI/SED demonstration evaluation. The state should report on the following:

11.1. Narrative Information on Implementation: SMI/SED Demonstration Evaluation Update

In Part B: SMI/SED Monitoring Report Template, the state should complete the Narrative Information on Implementation table to report on relevant updates to the state's SMI/SED demonstration evaluation pursuant to 42 CFR § 431.424 and/or any federal SMI/SED evaluations in which the state is involved [per 42 CFR § 431.420(f) or 42 CFR § 431.400(a) (1) (ii) (C) (4)].

The state should include timely updates on SMI/SED evaluation work and timeline. Depending on when this report is due to CMS and the timing for the demonstration, this might include updates on progress with:

- *Evaluation design*
- *Evaluation procurement*
- *Evaluation implementation*
- *Evaluation deliverables (information presented in below table)*
- *Data collection, including any issues collecting, procuring, managing, or using data for the state's evaluation or federal evaluation*
- *For annual report per 42 CFR 431.428, the results/impact of any demonstration programmatic area defined by CMS that is unique to the demonstration design or evaluation hypothesis*
- *For annual report per 42 CFR 431.428(a)5, the results of beneficiary satisfaction surveys, if conducted during the reporting year*
- *For annual report per 42 CFR 431.428(a)5, grievances and appeals*

The state should also 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 time frames agreed to in the STCs. In addition to any status updates on the demonstration evaluation, the state should list anticipated evaluation-related deliverables related to this demonstration and their due dates.

If the state has not identified any SMI/SED demonstration evaluation updates, the state should use the checkboxes provided to indicate it has no updates to report.

12. Other SMI/SED Demonstration Reporting

This reporting topic focuses on pertinent information related to SMI/SED (or if a broader demonstration, then SMI/SED-related) demonstration not captured under other reporting topics. In particular, the state should report on the following:

12.1. Narrative Information on Implementation: Other SMI/SED Demonstration Reporting

In Part B: SMI/SED Monitoring Report Template, the state should complete the Narrative Information on Implementation table to report on general SMI/SED reporting requirements and the post-award public forum:

1. **General Reporting Requirements.** *The state should provide responses to the following questions:*
 - *Have there been any changes in the state’s implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol?*
 - *Does the state foresee the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes?*
 - *Has the state identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation?*
 - *Compared to the details outlined in the STCs and the monitoring protocol, has the state formally requested any changes or does the state expect to formally request any changes to:*
 - i. *The schedule for completing and submitting monitoring reports?*
 - ii. *The content or completeness of submitted reports? Future reports?*

If the state has no updates on general reporting requirements to report, the state should use the checkboxes provided to indicate it has no updates to report.

2. **Post-Award Public Forum.** *If applicable within the timing of the demonstration, the state should 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 in this table for the period during which the forum was held, and must also be included in the annual report.*

If no post-award public forum was held during this reporting period and this is not an annual report, the state should mark the appropriate checkbox in the table.

13. Notable State Achievements and/or Innovations

This reporting topic focuses on any notable state achievements and/or innovations that occurred during the reporting period. The state should report on the following:

13.1. Narrative Information on Implementation: Notable State Achievements and/or Innovations

In Part B: SMI/SED Monitoring Report Template, the state should complete the Narrative Information on Implementation table to summarize any relevant achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SMI/SED (or if a broader demonstration, then SMI/SED-related) demonstration or that served to provide better care for individuals, provide 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.

If the state does not have achievements or innovations to note, the state should mark the checkbox in the table indicating it has no update to report.

APPENDIX A:
**REPORTING 1115 SMI/SED DEMONSTRATION MONITORING METRICS AND
NARRATIVE INFORMATION**

This appendix provides reporting guidance applicable to 1115 SMI/SED demonstration monitoring metrics and other monitoring information. See Chapter 1 Section B of the technical specifications for additional guidance.

States should report data to CMS in accordance with the schedule and format agreed upon in the approved monitoring protocol. Because of the dynamic nature of Medicaid data, metrics should be produced at the same time in each measurement period throughout the demonstration. This applies even if data are not shared with CMS until a later date. For example, if a state submits data quarterly, the submission should contain three monthly values for each monthly metric, each produced at the same time relative to its measurement period.

Guidelines for including metrics and narrative information in monitoring reports are as follows:

- Each quarterly report should contain (1) narrative information on implementation for the most recent demonstration quarter, (2) grievances and appeals metrics for the most recent demonstration quarter, and (3) all other monthly and quarterly metrics for the prior quarter (which allows at least 90 days for claims run-out and other considerations for data completeness).
- To allow for adequate time to implement annual specification updates from measure stewards, annual metrics that are established quality measures should be reported:
 - For states with demonstration years (DYs) that end March 31 through November 30: in the annual report
 - For states with demonstration years that end January 31 or February 28: in the first quarterly report of the next demonstration year
 - For states with demonstration years that end December 31: in the second quarterly report of the next demonstration year
- All other annual metrics should be reported in the first quarterly report of the following demonstration year, rather than in the annual report. This allows at least 90 days for claims run-out and other considerations for data completeness.

Table A.1 illustrates these guidelines, which apply to both CMS-constructed and state-identified metrics (including Health IT).

Table A.1. Example of demonstration year 1 reporting in quarterly and annual monitoring reports

Report name:	DY1 Q1 report	DY1 Q2 report	DY1 Q3 report	DY1 Q4 (annual) report	DY2 Q1 report	DY2 Q2 report
Report due date:	Due 60 days after quarter ends	Due 60 days after quarter ends	Due 60 days after quarter ends	Due 90 days after quarter ends	Due 60 days after quarter ends	Due 60 days after quarter ends
Measurement periods, by reporting category						
Narrative information on implementation	DY1 Q1	DY1 Q2	DY1 Q3	DY1 Q4	DY2 Q1	DY2 Q2
Grievances and appeals	DY1 Q1	DY1 Q2	DY1 Q3	DY1 Q4	DY2 Q1	DY2 Q2
Other monthly and quarterly metrics	NA	DY1 Q1	DY1 Q2	DY1 Q3	DY1 Q4	DY4 Q1
Annual metrics that are established quality measures*	NA	NA	NA	States with DYs ending 3/31 – 11/30: DY1 (Q1-Q4)	States with DYs ending on 1/31 or 2/28: DY1 (Q1-Q4)	States with DYs ending on 12/31: DY1 (Q1-Q4)
Other annual metrics	NA	NA	NA	NA	DY1	NA

Note: The state is expected to submit retrospective metrics data in the state’s second monitoring report submission after monitoring protocol approval.

* Metrics that are established quality measures should be calculated for the calendar year. All other metrics should be calculated for the SMI/SED demonstration year.

DY = Demonstration year

NA = not applicable (information not expected to be included in report)

Technical Assistance. To help states collect, report, and use the 1115 SMI/SED demonstration monitoring metrics, CMS offers technical assistance. Please submit technical assistance requests to: 1115MonitoringAndEvaluation@cms.hhs.gov and copy your CMS project officer on the message.

APPENDIX B:

**CALCULATING PERCENT CHANGE FOR 1115 SMI/SED DEMONSTRATION
MONITORING METRICS**

Part B of the 1115 SMI/SED Monitoring Protocol instructs states to report on metric trends, including all changes (+ or -) greater than 2%, within each milestone and reporting topic. Tables B.1 and B.2 below provide examples of how to calculate the percent change based on the “Report – metrics reporting” tab of the 1115 SMI/SED Monitoring Workbook for three metrics.

For monthly metrics, states should first calculate an average value for the current and prior quarters. To determine the “percent change”, calculate the difference between the metric’s current quarter average value and the prior quarter average value. Table B.1 illustrates the percentage calculation for a monthly measure, using Metric #21 “Count of beneficiaries with SMI/SED (monthly)” as an example. The row below the monthly counts in this table is the average count for the quarter $((A+B+C)/3)$. The difference between the average count for quarter 1 (column D) and quarter 2 (column E) is reported in column F, “Count change” (E - D). Column G, “Percent change”, shows as the difference between the value in the “Count change” and the average count for quarter 1 (F/D) as a percentage.

Table B.1. Example calculation of percent change for monthly measure

Metric	Quarter 1			Quarter 2			Count change (F)	Percent change (G)
	Denominator	Numerator or count (D)	Rate/ Percentage	Denominator	Numerator or count (E)	Rate/ Percentage		
#21: Count of beneficiaries with SMI/SED (monthly)								
Month 1=A		7,000			7,120			
Month 2=B		7,035			7,155			
Month 3=C		7,120			7,175			
Average		7,052			7,150		98	1.4%

For quarterly and annual metrics, “percent change” refers to the percent difference in the metric value between the current and prior quarters or years, respectively. Table B.2 provides three examples of annual metrics, which are expressed as counts, percentages, or rates. In this table, column G reports the difference between metric counts for year 1 and 2 (B-E), or the difference between the metric rates for year 1 and 2 (F - C). Column H, “Percent change” reports the difference between the value in the “Count change” value divided by the values for year 1 (G/B).

Table B.2. Example calculation of percent change for annual measure

Metric	Year 1			Year 2			Count change (G)	Percent change (H)
	Denominator (A)	Numerator or count (B)	Rate/ Percentage (C=B/A)	Denominator (D)	Numerator or count (E)	Rate/ Percentage (F=E/D)		
#20: Beneficiaries with SMI/SED treated in an IMD for mental health								
Year		20,100			21,270		1,170	5.8%
#28: Alcohol Screening and Follow-up for People with SMI								
Year	7,052	2,600	36.9%	7,150	3,000	42.0%	5.1%	13.8%