

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.

Medicaid Section 1115 SMI/SED Demonstration Protocol - P
State
Demonstration Name
Demonstration Year (DY)
Calendar Dates for DY
Reporting Period
Calendar Dates for Reporting Period
Submitted on

#	Metric name
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- 1 SUD Screening of Beneficiaries Admitted to Psychiatric Hospitals or Residential Treatment Settings (SUB-2)
- 2 Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)
- 3 All-Cause Emergency Department Utilization Rate for Medicaid Beneficiaries who may Benefit From Integrated Physical and Behavioral Health Care (PMH-20)
- 4 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF)
- 5 Medication Reconciliation Upon Admission
- 6 Medication Continuation Following Inpatient Psychiatric Discharge
- 7 Follow-up After Hospitalization for Mental Illness: Ages 6-17 (FUH-CH)

- 8 Follow-up After Hospitalization for Mental Illness: Age 18 and older (FUH-AD)

- 9 Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse (FUA-AD)

- 10 Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD)

- 11 Suicide or Overdose Death Within 7 and 30 Days of Discharge From an Inpatient Facility or Residential Treatment for Mental Health Among Beneficiaries With SMI or SED (count)
- 12 Suicide or Overdose Death Within 7 and 30 Days of Discharge From an Inpatient Facility or Residential Treatment for Mental Health Among Beneficiaries With SMI or SED (rate)

- 13 Mental Health Services Utilization - Inpatient

- 14 Mental Health Services Utilization - Intensive Outpatient and Partial Hospitalization

- 15 Mental Health Services Utilization - Outpatient

- 16 Mental Health Services Utilization - ED

- 17 Mental Health Services Utilization - Telehealth

- 18 Mental Health Services Utilization - Any Services

- 19a Average Length of Stay in IMDs

- 19b Average Length of Stay in IMDs (IMDs receiving FFP only)

- 20 Beneficiaries With SMI/SED Treated in an IMD for Mental Health

- 21 Count of Beneficiaries With SMI/SED (monthly)

- 22 Count of Beneficiaries With SMI/SED (annually)

- 23 Diabetes Care for Patients with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD)

- 24 Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD)

- 25 Screening for Depression and Follow-Up Plan: Ages 12-17 (CDF-CH)

- 26 Access to Preventive/Ambulatory Health Services for Medicaid Beneficiaries With SMI

- 27 Tobacco Use Screening and Follow-up for People with SMI or Alcohol or Other Drug Dependence

- 28 Alcohol Screening and Follow-up for People with SMI

 - 29 Metabolic Monitoring for Children and Adolescents on Antipsychotics

 - 30 Follow-Up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication

 - 31 Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC-CH)

 - 32 Total Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Not Inpatient or Residential

 - 33 Total Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Inpatient or Residential

 - 34 Per Capita Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Not Inpatient or Residential

 - 35 Per Capita Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Inpatient or Residential


 - 36 Grievances Related to Services for SMI/SED

 - 37 Appeals Related to Services for SMI/SED

 - 38 Critical Incidents Related to Services for SMI/SED

 - 39 Total Costs Associated With Treatment for Mental Health in an IMD Among Beneficiaries With SMI/SED

 - 40 Per Capita Costs Associated With Treatment for Mental Health in an IMD Among Beneficiaries With SMI/SED

 - Q1 *[Insert selected metric(s) for health IT question 1]*
 - Q2 *[Insert selected metric(s) for health IT question 2]*
 - Q3 *[Insert selected metric(s) for health IT question 3]*
- 

Planned metrics

[Enter State Name]

[Enter Demonstration Name]

[Enter Demonstration Year] (Format: DY1, DY2, DY3, etc.)

[Enter Calendar Dates for Demonstration Year] (Format: MM/DD/YYYY - MM/DD/YYYY)

[Enter Reporting Period] (Format: Q1, Q2, Q3, Q4)

[Enter Calendar Dates for Reporting Period (Format: MM/DD/YYYY - MM/DD/YYYY)

[Enter Date] (Format: MM/DD/YYYY)

Metric description

Two rates will be reported for this measure:

1. SUB-2: Patients who screened positive for unhealthy alcohol use who received or refused a brief intervention during the hospital stay.
2. SUB-2a: Patients who received the brief intervention during the hospital stay.

Percentage of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

Number of all-cause ED visits per 1,000 beneficiary months among adult Medicaid beneficiaries age 18 and older who meet the eligibility criteria of beneficiaries with SMI.

The rate of unplanned, 30-day, readmission rate for demonstration beneficiaries with a primary discharge diagnosis of a psychiatric disorder or dementia/Alzheimer's disease. The measurement period used to identify cases in the measure population is 12 months from January 1 through December 31.

Percentage of patients for whom a designated prior to admission (PTA) medication list was generated by referencing one or more external sources of PTA medications and for which all PTA medications have a documented reconciliation action by the end of Day 2 of the hospitalization.

This measure assesses whether psychiatric patients admitted to an inpatient psychiatric facility (IPF) for major depressive disorder (MDD), schizophrenia, or bipolar disorder filled a prescription for evidence-based medication within 2 days prior to discharge and 30 days post-discharge.

Percentage of discharges for children ages 6 to 17 who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported:

- Percentage of discharges for which the child received follow-up within 30 days after discharge
- Percentage of discharges for which the child received follow-up within 7 days after discharge

Percentage of discharges for beneficiaries age 18 years and older who were hospitalized for treatment of selected mental illness diagnoses or intentional self-harm and who had a follow-up visit with a mental health practitioner. Two rates are reported:

- Percentage of discharges for which the beneficiary received follow-up within 30 days after discharge
- Percentage of discharges for which the beneficiary received follow-up within 7 days after discharge

Percentage of emergency department (ED) visits for beneficiaries age 18 and older with a principal diagnosis of alcohol or other drug (AOD) abuse dependence who had a follow-up visit for AOD abuse or dependence. Two rates are reported:

- Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit
- Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit

Percentage of emergency department (ED) visits for beneficiaries age 18 and older with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness. Two rates are reported:

- Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit
- Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit

Number of suicide or overdose deaths among Medicaid beneficiaries with SMI or SED within 7 and 30 days of discharge from an inpatient facility or residential stay for mental health.

Rate of suicide or overdose deaths among Medicaid beneficiaries with SMI or SED within 7 and 30 days of discharge from an inpatient facility or residential stay for mental health.

Number of beneficiaries in the demonstration or with SMI/SED who use inpatient services related to mental health during the measurement period.

Number of beneficiaries in the demonstration or with SMI/SED who used intensive outpatient and/or partial hospitalization services related to mental health during the measurement period.

Number of beneficiaries in the demonstration or with SMI/SED who used outpatient services related to mental health during the measurement period.

Number of beneficiaries in the demonstration or with SMI/SED who use emergency department services for mental health during the measurement period.

Number of beneficiaries in the demonstration or with SMI/SED who used telehealth services related to mental health during the measurement period.

Number of beneficiaries in the demonstration or with SMI/SED who used any services related to mental health during the measurement period.

Average length of stay (ALOS) for beneficiaries with SMI discharged from an inpatient or residential stay in an IMD. Three rates are reported:

- ALOS for all IMDs and populations
- ALOS among short-term stays (less than or equal to 60 days)
- ALOS among long-term stays (greater than 60 days)

Average length of stay (ALOS) for beneficiaries with SMI discharged from an inpatient or residential stay in an IMD receiving federal financial participation (FFP). Three rates are reported:

- ALOS for all IMDs and populations
- ALOS among short-term stays (less than or equal to 60 days)
- ALOS among long-term stays (greater than 60 days)

Number of beneficiaries with SMI/SED who have a claim for inpatient or residential treatment for mental health in an IMD during the reporting year.

Count the number of unique beneficiaries (de-duplicated total) enrolled in the measurement period who have qualifying facility, or provider claims have sufficient qualifying facility, or provider claims to qualify as having SMI/SED-related treatment during the measurement period and/or in the 11 months before the measurement period.

Number of beneficiaries in the demonstration (with a diagnosis and service history indicating SMI/SED) during the measurement period and/or in the 11 months before the measurement period.

Percentage of beneficiaries ages 18 to 75 with a serious mental illness and diabetes (type 1 and type 2) whose most recent Hemoglobin A1c (HbA1c) level during the measurement year is >9.0%.

Percentage of beneficiaries age 18 and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool, AND if positive, a follow-up plan is documented on the date of the positive screen.

Percentage of beneficiaries ages 12 to 17 screened for depression on the date of the encounter using an age appropriate standardized depression screening tool, AND if positive, a follow-up plan is documented on the date of the positive screen.

The percentage of Medicaid beneficiaries with SMI who had an ambulatory or preventive care visit during the measurement period.

The percentage of patients 18 years and older with a serious mental illness or alcohol or other drug dependence who received a screening for tobacco use and follow-up for those identified as a current tobacco user. Two rates are reported:

- Percentage of adults with SMI who received a screening for tobacco use and follow-up for those identified as a current tobacco user
- Percentage of adults with AOD who received a screening for tobacco use and follow-up for those identified as a current tobacco user

The percentage of patients 18 years and older with a serious mental illness, who were screened for unhealthy alcohol use and received brief counseling or other follow-up care if identified as an unhealthy alcohol user.

The percentage of children and adolescents 1-17 years of age with ongoing antipsychotic medication use who had metabolic testing during the year.

Percentage of new antipsychotic prescriptions for Medicaid beneficiaries age 18 years and older who have completed a follow-up visit with a provider with prescribing authority within four weeks (28 days) of prescription of an antipsychotic medication.

Percentage of children and adolescents ages 1 to 17 who were treated with antipsychotic medications and who were on two or more concurrent antipsychotic medications for at least 90 consecutive days during the measurement year.

Total Medicaid costs for non-inpatient or residential services for mental health, among beneficiaries in the demonstration or with SMI/SED during the measurement period.

Total Medicaid costs for inpatient or residential services for mental health among beneficiaries with SMI/SED during the measurement period.

Per capita costs for non-inpatient, non-residential services for mental health, among beneficiaries with SMI/SED during the measurement period.

Per capita costs for not inpatient or residential services for mental health, among beneficiaries with SMI/SED during the measurement period.

Number of grievances filed during the measurement period that are related to services for SMI/SED.

Number of appeals filed during the measurement period that are related to services for SMI/SED.

Number of critical incidents filed during the measurement period that are related to services for SMI/SED.

Total Medicaid costs for beneficiaries with SMI/SED who had claims for inpatient or residential treatment for mental health in an IMD during the reporting year.

Per capita Medicaid costs for beneficiaries with SMI/SED who had claims for inpatient or residential treatment for mental health in an IMD during the reporting year.



Standard information on CMS-provided metrics

Milestone or reporting topic	Metric type	Reporting category	Data source
Milestone 1	Established quality measure	Annual metrics that are an established quality measure	Medical record review or claims
Milestone 1	Established quality measure	Annual metrics that are an established quality measure	Claims
Milestone 2	Established quality measure	Annual metrics that are an established quality measure	Claims
Milestone 2	Established quality measure	Annual metrics that are an established quality measure	Claims
Milestone 2	Established quality measure	Annual metrics that are an established quality measure	Electronic/paper medical records
Milestone 2	Established quality measure	Annual metrics that are an established quality measure	Claims
Milestone 2	Established quality measure	Annual metrics that are an established quality measure	Claims

Milestone 2	Established quality measure	Annual metrics that are an established quality measure	Claims
Milestone 2	Established quality measure	Annual metrics that are an established quality measure	Claims
Milestone 2	Established quality measure	Annual metrics that are an established quality measure	Claims
Milestone 2	CMS-constructed	Other annual metrics	State data on cause of death
Milestone 2	CMS-constructed	Other annual metrics	State data on cause of death
Milestone 3	CMS-constructed	Other monthly and quarterly metrics	Claims
Milestone 3	CMS-constructed	Other monthly and quarterly metrics	Claims
Milestone 3	CMS-constructed	Other monthly and quarterly metrics	Claims
Milestone 3	CMS-constructed	Other monthly and quarterly metrics	Claims
Milestone 3	CMS-constructed	Other monthly and quarterly metrics	Claims

Milestone 3	CMS-constructed	Other monthly and quarterly metrics	Claims
Milestone 3	CMS-constructed	Other annual metrics	Claims State-specific IMD database
Milestone 3	CMS-constructed	Other annual metrics	Claims State-specific IMD database
Milestone 3	CMS-constructed	Other annual metrics	Claims
Milestone 4	CMS-constructed	Other monthly and quarterly metrics	Claims
Milestone 4	CMS-constructed	Other annual metrics	Claims
Milestone 4	Established quality measure	Annual metrics that are an established quality measure	Claims Medical records
Milestone 4	Established quality measure	Annual metrics that are an established quality measure	Claims Medical records
Milestone 4	Established quality measure	Annual metrics that are an established quality measure	Claims Electronic medical records
Milestone 4	Established quality measure	Annual metrics that are an established quality measure	Claims
Milestone 4	Established quality measure	Annual metrics that are an established quality measure	Claims

Milestone 4	Established quality measure	Annual metrics that are an established quality measure	Claims
Milestone 4	Established quality measure	Annual metrics that are an established quality measure	Claims
Milestone 4	Established quality measure	Annual metrics that are an established quality measure	Claims
Milestone 4	Established quality measure	Annual metrics that are an established quality measure	Claims
Other SMI/SED metrics	CMS-constructed	Other annual metrics	Claims
Other SMI/SED metrics	CMS-constructed	Other annual metrics	Claims
Other SMI/SED metrics	CMS-constructed	Other annual metrics	Claims
Other SMI/SED metrics	CMS-constructed	Other annual metrics	Claims
Other SMI/SED metrics	CMS-constructed	Grievances and appeals	Administrative records
Other SMI/SED metrics	CMS-constructed	Grievances and appeals	Administrative records
Other SMI/SED metrics	CMS-constructed	Grievances and appeals	Administrative records
Other SMI/SED metrics	CMS-constructed	Other annual metrics	Claims
Other SMI/SED metrics	CMS-constructed	Other annual metrics	Claims
Health IT	State-identified		
Health IT	State-identified		
Health IT	State-identified		



Measurement period	Reporting frequency	Reporting priority	State will report (Y/N)
Year	Annually	Recommended	
Year	Annually	Required	
Year	Annually	Required	
Year	Annually	Required	
Year	Annually	Recommended	
Year	Annually	Required	
Year	Annually	Required	

Year	Annually	Required
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Year	Annually	Required
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Year	Annually	Required
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Year	Annually	Recommended
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Year	Annually	Recommended
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Month	Quarterly	Required
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Month	Quarterly	Required
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Month	Quarterly	Required
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Month	Quarterly	Required
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Month	Quarterly	Required
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Month	Quarterly	Required
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Year	Annually	Required
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Year	Annually	Required
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Year	Annually	Required
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Month	Quarterly	Required
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Year	Annually	Required
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Year	Annually	Required
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Year	Annually	Recommended
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Year	Annually	Recommended
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Year	Annually	Required
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Year	Annually	Recommended
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Year	Annually	Recommended
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Year	Annually	Required
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Year	Annually	Required
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Year	Annually	Required
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Year	Annually	Required
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Year	Annually	Required
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Year	Annually	Required
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Quarter	Quarterly	Required
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Quarter	Quarterly	Required
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Quarter	Quarterly	Required
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Year	Annually	Required
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Year	Annually	Required
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		Required
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		Required
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		Required
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Baseline, annual goals, and demonstration target			Align
Baseline Reporting Period (MM/DD/YYYY--MM/DD/YYYY)	Annual goal	Overall demonstration target	Attest that planned reporting matches the CMS-provided specification (Y/N)

ment with CMS-provided technical specifications

Explanation of any deviations from the CMS-provided specifications
(different data source, definition, codes, target population, etc.)

Dates covered by first
measurement period for metric
(MM/DD/YYYY - MM/DD/YYYY)

Initial reporting date

Name of first report in which the metric will be submitted (Format: DY1 Q3 report)	Submission date of first report in which the metric will be reported (MM/DD/YYYY)	State plans to phase in reporting (Y/N)
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Explanation of any plans to phase in reporting over time

Medicaid Section 1115 SMI/SED Der
State
Demonstration Name
Demonstration Year (DY)
Calendar Dates for DY
Reporting Period
Calendar Dates for Reporting Period
Submitted on

EXAMPLE^a
Adults age 18 or older with serious r

Narrative description of how the state defines the population for purposes of monitoring (including included ages, diagnosis groups and associated service use requirements)

Codes used to identify population^b

States may use ICD-10 diagnosis codes or state-specific treatment, diagnosis, or other types of codes to identify the population. When applicable, states should supplement ICD-10 codes with state-specific codes.

Procedure (e.g., CPT, HCPCS) or revenue codes used to identify/define service requirements^b

If the state is not using procedure or revenue codes, the state should include the data source(s) (e.g., state-specific codes) used to identify/define service requirements.

^aThe examples are based on a defini

^bStates may choose to include code:

nonstration Protocol - SMI & SED definitions

[Enter State Name]

[Enter Demonstration Name]

[Enter Demonstration Year] (Format: DY1, DY2, DY3, etc.)

[Enter Calendar Dates for Demonstration Year] (Format: MM/DD/YYYY - MM/DD/YYYY)

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[Enter Calendar Dates for Reporting Period (Format: MM/DD/YYYY - MM/DD/YYYY)

[Enter Date] (Format: MM/DD/YYYY)

Narrative description of the SMI/SED demonstration p

mental illness or children under the age of 18 with a serious emotional disturbance living within the state

Serious Mental Illness (SMI)

EXAMPLE^a

*At least one acute inpatient claim/encounter with any diagnosis of schizophrenia, bipolar I disorder, or major depression, OR

*At least two visits in an outpatient, intensive outpatient (IOP), partial hospitalization (PH), emergency department (ED), or nonacute inpatient setting, on different dates of service, with any diagnosis of schizophrenia, OR

*At least two visits in an outpatient, IOP, PH, ED, or nonacute inpatient setting on different dates of service with a diagnosis of bipolar I disorder.

EXAMPLE^a

*Schizophrenia: F20.0-F20.5, F20.81, F20.89

*Major depression: F32.0 - F32.4, F33.0 - F33.3

*Bipolar I disorder: F30.10-F30.13, F30.2 - F30.9

EXAMPLE^a

*Outpatient: 98960-98962, 99211-99215, G0155, G0176, G0177, G0409, 0510, 0513, 0515-0517

ition of SMI from the National Committee for Quality Assurance (NCQA). The examples provided are inte
s as separate tabs in this workbook.

opulation

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Serious Emotional Disturbance (SED)

See SMI example for format and required information

See SMI example for format and required information

See SMI example for format and required information

ended to be illustrative only. The example codes provided are not comprehensive.

Medicaid Section 1115 SED/SMI Demonstration |
State
Demonstration Name
Demonstration Year (DY)
Calendar Dates for DY
Reporting Period
Calendar Dates for Reporting Period
Submitted on

Serious Mental Illness/Serious Emotio

#	Metric name
	SMI & SED definitions

- 1 SUD Screening of Beneficiaries Admitted to Psychiatric Hospitals or Residential Treatment Settings (SUB-2)
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7 Follow-up After Hospitalization for Mental Illness: Ages 6-17 (FUH-CH)

8 Follow-up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD)

9 Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse (FUA-AD)

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12 Suicide or Overdose Death Within 7 and 30 Days of Discharge From an Inpatient Facility or Residential Treatment for Mental Health Among Beneficiaries With SMI or SED (rate)

13 Mental Health Services Utilization - Inpatient

14 Mental Health Services Utilization - Intensive Outpatient and Partial Hospitalization

15 Mental Health Services Utilization - Outpatient

16 Mental Health Services Utilization - ED

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18 Mental Health Services Utilization - Any Services

- 19a Average Length of Stay in IMDs

- 19b Average Length of Stay in IMDs (IMDs receiving FFP only)

- 20 Beneficiaries With SMI/SED Treated in an IMD for Mental Health

- 21 Count of Beneficiaries With SMI/SED (monthly)

- 22 Count of Beneficiaries With SMI/SED (annually)

- 23 Diabetes Care for Patients with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD)

- 24 Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD)

- 25 Screening for Depression and Follow-Up Plan:
Ages 12–17 (CDF-CH)

- 26 Access to Preventive/Ambulatory Health
Services for Medicaid Beneficiaries With SMI

- 27 Tobacco Use Screening and Follow-up for
People with Serious Mental Illness or Alcohol or
Other Drug Dependence

- 28 Alcohol Screening and Follow-up for People
with Serious Mental Illness

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Who are Newly Prescribed an Antipsychotic
Medication

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Services Among Beneficiaries With SMI/SED -
Not Inpatient or Residential

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- 39 Total Costs Associated With Treatment for Mental Health in an IMD Among Beneficiaries With SMI/SED
- 40 Per Capita Costs Associated With Treatment for Mental Health in an IMD Among Beneficiaries With SMI/SED
- Q1 *Insert selected metric(s) related to key health IT c*
- Q2 *Insert selected metric(s) related to key health IT c*
- Q3 *Insert selected metric(s) related to key health IT c*

Note: Licensee and states must prominently display the *The MPT, FUH-CH, FUH-AD, FUA-AD, FUM-AD, AAP, APM* that are owned and copyrighted by the National Commi uses or reports performance measures and NCQA has nc

The measure specification methodology used by CMS is c measure results, based on the adjusted HEDIS specificati

Certain non-NCQA measures in the CMS 1115 Serious M Proprietary coding is contained in the VS. Users of the pr the non-NCQA measures and any coding contained in th

- ^a States should create a new metrics report for each rep
- ^b For state-identified metrics or the SMI & SED definition
- ^c Report metrics that are one annual value for a demonst
- ^d If applicable. See CMS-provided technical specifications
- ^e Enter any new models that will be reported after colum

Checks:

- Numerator in #11 is equal to the numerator in #:
- Numerator in #32 is equal to the numerator in #:
- Numerator in #33 is equal to the numerator in #:
- Denominator in #34 and #35 is equal to #21 and
- Numerator in #40 is equal to #39.

Report - Metrics reporting

[Enter State Name]

[Enter Demonstration Name]

[Enter Demonstration Year] (Format: DY1, DY2, DY3, etc.)

[Enter Calendar Dates for Demonstration Year] (Format: MM/DD/YYYY - MM/DD/YYYY)

[Enter Reporting Period] (Format: Q1, Q2, Q3, Q4)

[Enter Calendar Dates for Reporting Period (Format: MM/DD/YYYY - MM/DD/YYYY)]

[Enter Date] (Format: MM/DD/YYYY)

Personal Disturbance (SMI/SED) Metrics^a

Metric description

SUB-2: Patients who screened positive for unhealthy alcohol use who received or refused a brief intervention during the hospital stay.

SUB-2a: Patients who received the brief intervention during the hospital stay.

Percentage of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

Number of all-cause ED visits per 1,000 beneficiary months among adult Medicaid beneficiaries age 18 and older who meet the eligibility criteria of beneficiaries with SMI.

The rate of unplanned, 30-day, readmission rate for demonstration beneficiaries with a primary discharge diagnosis of a psychiatric disorder or dementia/Alzheimer's disease. The measurement period used to identify cases in the measure population is 12 months from January 1 through December 31.

Percentage of patients for whom a designated prior to admission (PTA) medication list was generated by referencing one or more external sources of PTA medications and for which all PTA medications have a documented reconciliation action by the end of Day 2 of the hospitalization.

This measure assesses whether psychiatric patients admitted to an inpatient psychiatric facility (IPF) for major depressive disorder (MDD), schizophrenia, or bipolar disorder filled a prescription for evidence-based medication within 2 days prior to discharge and 30 days post-discharge.

Percentage of discharges for children ages 6 to 17 who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported:

Percentage of discharges for which the child received follow-up within 30 days after discharge.

Percentage of discharges for which the child received follow-up within 7 days after discharge.

Percentage of discharges for beneficiaries age 18 years and older who were hospitalized for treatment of selected mental illness diagnoses or intentional self-harm and who had a follow-up visit with a mental health practitioner. Two rates are reported:

Percentage of discharges for which the beneficiary received follow-up within 30 days after discharge.

Percentage of discharges for which the beneficiary received follow-up within 7 days after discharge.

Percentage of emergency department (ED) visits for beneficiaries age 18 and older with a principal diagnosis of alcohol or other drug (AOD) abuse dependence who had a follow-up visit for AOD abuse or dependence. Two rates are reported:

Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit.

Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit.

Percentage of emergency department (ED) visits for beneficiaries age 18 and older with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness. Two rates are reported:

Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit.

Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit.

Number of suicide or overdose deaths among Medicaid beneficiaries with SMI or SED within 7 and 30 days of discharge from an inpatient facility or residential stay for mental health.

7 days of discharge from an inpatient facility or residential stay for mental health.

30 days of discharge from an inpatient facility or residential stay for mental health.

Rate of suicide or overdose deaths among Medicaid beneficiaries with SMI or SED within 7 and 30 days of discharge from an inpatient facility or residential stay for mental health.

7 days of discharge from an inpatient facility or residential stay for mental health.

30 days of discharge from an inpatient facility or residential stay for mental health.

Number of beneficiaries in the demonstration or with SMI/SED who use inpatient services related to mental health during the measurement period.

Number of beneficiaries in the demonstration or with SMI/SED who used intensive outpatient and/or partial hospitalization services related to mental health during the measurement period.

Number of beneficiaries in the demonstration or with SMI/SED who used outpatient services related to mental health during the measurement period.

Number of beneficiaries in the demonstration or with SMI/SED who use emergency department services for mental health during the measurement period.

Number of beneficiaries in the demonstration or with SMI/SED who used telehealth services related to mental health during the measurement period.

Number of beneficiaries in the demonstration or with SMI/SED who used any services related to mental health during the measurement period.

Average length of stay (ALOS) for beneficiaries with SMI discharged from an inpatient or residential stay in an IMD. Three rates are reported:

ALOS for all IMDs and populations

ALOS among short-term stays (less than or equal to 60 days)

ALOS among long-term stays (greater than 60 days)

Average length of stay (ALOS) for beneficiaries with SMI discharged from an inpatient or residential stay in an IMD receiving federal financial participation (FFP). Three rates are reported:

ALOS for all IMDs and populations

ALOS among short-term stays (less than or equal to 60 days)

ALOS among long-term stays (greater than 60 days)

Number of beneficiaries with SMI/SED who have a claim for inpatient or residential treatment for mental health in an IMD during the reporting year.

Count the number of unique beneficiaries (de-duplicated total) enrolled in the measurement period who have qualifying facility, or provider claims have sufficient qualifying facility, or provider claims to qualify as having SMI/SED-related treatment during the measurement period and/or in the 11 months before the measurement period.

Number of beneficiaries in the demonstration (with a diagnosis and service history indicating SMI/SED) during the measurement period and/or in the 11 months before the measurement period.

Percentage of beneficiaries ages 18 to 75 with a serious mental illness and diabetes (type 1 and type 2) whose most recent Hemoglobin A1c (HbA1c) level during the measurement year is >9.0%.

Percentage of beneficiaries age 18 and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool, AND if positive, a follow-up plan is documented on the date of the positive screen.

Percentage of beneficiaries ages 12 to 17 screened for depression on the date of the encounter using an age appropriate standardized depression screening tool, AND if positive, a follow-up plan is documented on the date of the positive screen.

The percentage of Medicaid beneficiaries with SMI who had an ambulatory or preventive care visit during the measurement period.

The percentage of patients 18 years and older with a serious mental illness or alcohol or other drug dependence who received a screening for tobacco use and follow-up for those identified as a current tobacco user. Two rates are reported:

Percentage of adults with SMI who received a screening for tobacco use and follow-up for those identified as a current tobacco user

Percentage of adults with AOD who received a screening for tobacco use and follow-up for those identified as a current tobacco user

The percentage of patients 18 years and older with a serious mental illness, who were screened for unhealthy alcohol use and received brief counseling or other follow-up care if identified as an unhealthy alcohol user.

The percentage of children and adolescents 1-17 years of age with ongoing antipsychotic medication use who had metabolic testing during the year.

Percentage of new antipsychotic prescriptions for Medicaid beneficiaries age 18 years and older who have completed a follow-up visit with a provider with prescribing authority within four weeks (28 days) of prescription of an antipsychotic medication.

Percentage of children and adolescents ages 1 to 17 who were treated with antipsychotic medications and who were on two or more concurrent antipsychotic medications for at least 90 consecutive days during the measurement year.

Total Medicaid costs for non-inpatient or residential services for mental health, among beneficiaries in the demonstration or with SMI/SED during the measurement period.

Total Medicaid costs for inpatient or residential services for mental health among beneficiaries with SMI/SED during the measurement period.

Per capita costs for non-inpatient, non-residential services for mental health, among beneficiaries with SMI/SED during the measurement period.

Per capita costs for not inpatient or residential services for mental health, among beneficiaries with SMI/SED during the measurement period.

Number of grievances filed during the measurement period that are related to services for SMI/SED.

Number of appeals filed during the measurement period that are related to services for SMI/SED.

Number of critical incidents filed during the measurement period that are related to services for SMI/SED.

Total Medicaid costs for beneficiaries with SMI/SED who had claims for inpatient or residential treatment for mental health in an IMD during the reporting year.

Per capita Medicaid costs for beneficiaries with SMI/SED who had claims for inpatient or residential treatment for mental health in an IMD during the reporting year.

question 1

question 2

question 3

following notice on any display of Measure rates:

1, and APC measures (metrics #13, 14, 15, 16, 17, 18, 7, 8, 9, 10, 26, 29, 31) of the National Committee for Quality Assurance ("NCQA"). NCQA makes no representations, warranties, or liability to anyone who relies on such measures or specifications.

different from NCQA's methodology. NCQA has not validated the adjusted measures, may be called only "Uncertified, Unaudited HEDIS rates."

Mental Illness/Serious Emotional Disturbance Demonstration contain HEDIS V. Proprietary code sets should obtain all necessary licenses from the owners of the code sets.

reporting quarter.

Each state should attest that it is reporting as specified in its monitoring protocol for the reporting year only in the report specified in the reporting schedule.

5.

on BI; create new columns as needed.

12.

34

35

#22.

1/DD/YYYY)

3/YYYY)

Milestone or reporting topic	Metric type
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Milestone 1

Established quality measure

Milestone 1

Established quality measure

Milestone 2

Established quality measure

Milestone 2

Established quality measure

Milestone 2

Established quality measure

Milestone 2

Established quality measure

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Milestone 4

Established quality measure

Milestone 4

Established quality measure

Other SMI/SED metrics CMS-constructed

Other SMI/SED metrics CMS-constructed

Other SMI/SED metrics CMS-constructed

Other SMI/SED metrics CMS-constructed

Health IT

Health IT

Health IT

*are Healthcare Effectiveness Data and Information Set ("HEDIS®") measures
ratings, or endorsement about the quality of any organization or physician that*

measure specifications but has granted CMS permission to adjust. Calculated

*Value Sets (VS) developed by and included with the permission of the NCQA.
these code sets. NCQA disclaims all liability for use or accuracy of the VS with*

col.

Reporting category	Data source	Technical specification manual version
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Annual metrics that are an established quality measure	Medical record review or claims	
--	---------------------------------	--

Annual metrics that are an established quality measure	Claims	
--	--------	--

Annual metrics that are an established quality measure	Claims	
--	--------	--

Annual metrics that are an established quality measure	Claims	
--	--------	--

Annual metrics that are an established quality measure	Electronic/paper medical records	
--	----------------------------------	--

Annual metrics that are an established quality measure

Claims



Annual metrics that are an established quality measure

Claims

Claims

Annual metrics that are an established quality measure



Claims

Claims

Annual metrics that are an established quality measure



Claims

Claims

Annual metrics that are an established quality measure



Claims

Claims

Other annual metrics



State data on cause of death

State data on cause of death

Other annual metrics



State data on cause of death

State data on cause of death

Other monthly and quarterly metrics

Claims

Other monthly and quarterly metrics

Claims

Other monthly and quarterly metrics

Claims

Other monthly and quarterly metrics

Claims

Other monthly and quarterly metrics

Claims

Other monthly and quarterly metrics

Claims



Other annual metrics
Claims
State-specific IMD
database

Claims
State-specific IMD
database

Claims
State-specific IMD
database



Other annual metrics
Claims
State-specific IMD
database

Claims
State-specific IMD
database

Claims
State-specific IMD
database


Other annual metrics
Claims

Other monthly and quarterly
metrics
Claims

Other annual metrics
Claims

Annual metrics that are an
established quality measure
Claims
Medical records

Annual metrics that are an
established quality measure
Claims
Medical records

Annual metrics that are an established quality measure	Claims Electronic medical records
Annual metrics that are an established quality measure	Claims 
Annual metrics that are an established quality measure	Claims
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Annual metrics that are an established quality measure	Claims
Annual metrics that are an established quality measure	Claims
Annual metrics that are an established quality measure	Claims
Annual metrics that are an established quality measure	Claims
Other annual metrics	Claims
Other annual metrics	Claims
Other annual metrics	Claims
Other annual metrics	Claims
Grievances and appeals	Administrative records

Grievances and appeals

Administrative records

Grievances and appeals

Administrative records

Other annual metrics

Claims

Other annual metrics

Claims

State-identified

State-identified

State-identified



Attest that reporting matches CMS-
provided specification (Y/N)^b

Describe any deviations from CMS-
provided specifications

Reporting issue (Y/N) (further describe in data and reporting issues tab)	Measurement period (month, quarter, year ^c)	Dates covered by measurement period (MM/DD/YYYY-MM/DD/YY YY)
--	--	--

Year

Year

Year

Year

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Month 1

Month 2

Month 3

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Quarter

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Year



Demonstration			
Denominator	Numerator or count	Rate/Percentage ^d	Denominator

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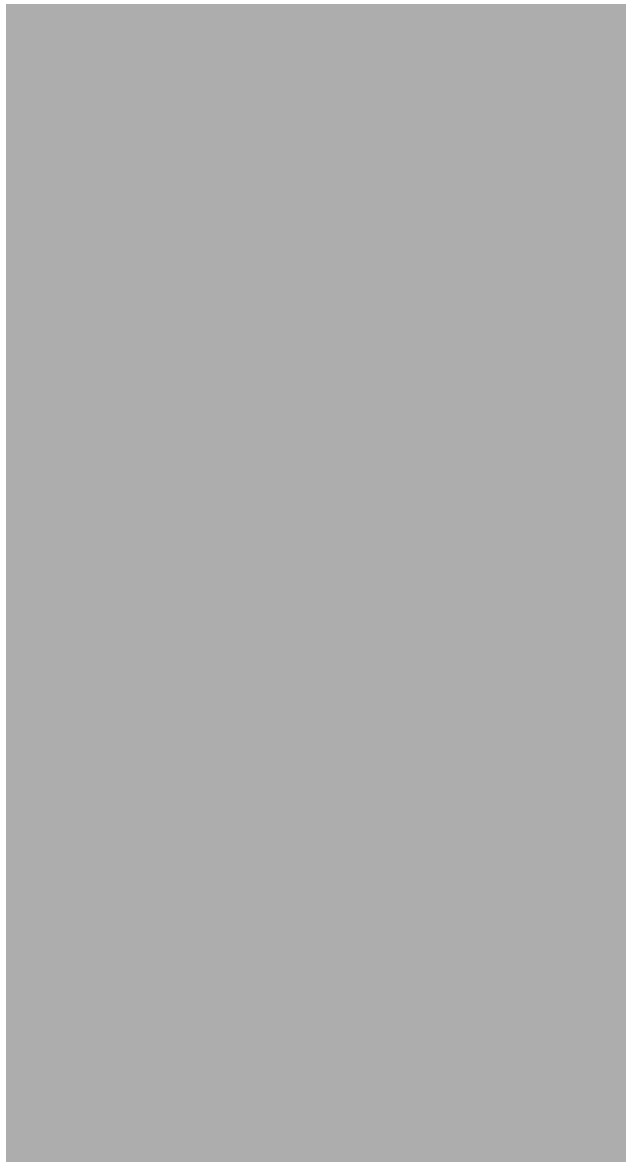
Definition of SMI	State-specific definition of SMI		
Rate/Percentage ^d	Denominator	Numerator or count	Rate/Percentage ^d
[Redacted content]			

Children (Age <16)			Transition-age youth (Ag	
Denominator	Numerator or count	Rate/Percentage ^d	Denominator	Numerator or count
[Redacted content]				



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Age 16-24	Adults (Age 25-64)		
Rate/Percentage ^d	Denominator	Numerator or count	Rate/Percentage ^d
[Redacted content]			

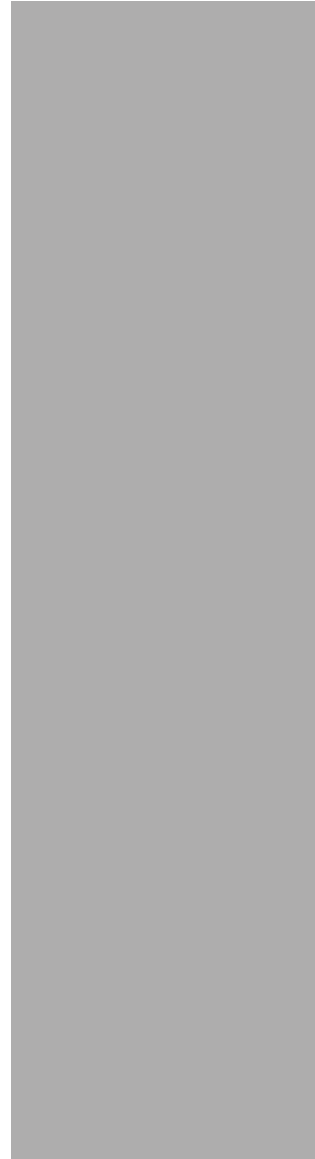


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Older adults (Age 65+)			Dual-eligible (Medicare-Medicaid)	
Denominator	Numerator or count	Rate/Percentage ^d	Denominator	Numerator or count
[Redacted data]				



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Medicaid eligible)	Medicaid only		
Rate/Percentage ^d	Denominator	Numerator or count	Rate/Percentage ^d
[Redacted content]			

Eligible for Medicaid on the basis of disability			Not eligible for
Denominator	Numerator or count	Rate/Percentage ^d	Denominator

Medicaid on the basis of disability		Criminally involv	
Numerator or count	Rate/Percentage ^d	Denominator	Numerator or count
[Redacted content]			

Involved	Not criminally involved		
Rate/Percentage ^d	Denominator	Numerator or count	Rate/Percentage ^d
[Redacted content]			

Co-occurring SUD			Co-occurring physical	
Denominator	Numerator or count	Rate/Percentage ^d	Denominator	Numerator or count

al conditions

Rate/Percentage^d

Medicaid Section 1115 SMI/SED Demonstration Report - Data & reporting issues

State [Enter State Name]
 Demonstration Name [Enter Demonstration Name]
 Demonstration Year (DY) [Enter Demonstration Year] (Format: DY1, DY2)
 Calendar Dates for DY [Enter Calendar Dates for Demonstration Year]
 Reporting Period [Enter Reporting Period] (Format: Q1, Q2, Q3, Q4)
 Calendar Dates for Reporting Period [Enter Calendar Dates for Reporting Period] (Format: MM/DD/YYYY)
 Submitted on [Enter Date] (Format: MM/DD/YYYY)

Milestone or reporting topic	Metric(s) impacted
------------------------------	--------------------

- Milestone 1 *[Add rows as needed]*
- The state does not have any data and reporting issues related to this section. All
- Milestone 2 *[Add rows as needed]*
- The state does not have any data and reporting issues related to this section. All
- Milestone 3 *[Add rows as needed]*
- The state does not have any data and reporting issues related to this section. All
- Milestone 4 *[Add rows as needed]*
- The state does not have any data and reporting issues related to this section. All
- SMI/SED health IT *[Add rows as needed]*
- The state does not have any data and reporting issues related to this section. All
- Other SMI/SED-related metric *[Add rows as needed]*
- The state does not have any data and reporting issues related to this section. All

—

Note: Licensee and states must prominently display the following notice on all
The MPT, FUH-CH, FUH-AD, FUA-AD, FUM-AD, AAP, APM, and APC measures |
owned and copyrighted by the National Committee for Quality Assurance (“NC
performance measures and NCQA has no liability to anyone who relies on such

The measure specification methodology used by CMS is different from NCQA’s
measure results, based on the adjusted HEDIS specifications, may be called on

Certain non-NCQA measures in the CMS 1115 Serious Mental Illness/Serious E
Proprietary coding is contained in the VS. Users of the proprietary code sets sh
non-NCQA measures and any coding contained in the VS.

^aThe state should also use this column to provide updates on any data or reporting issues descr
End of workbook

ies

/2, DY3, etc.)

ar] (Format: MM/DD/YYYY - MM/DD/YYYY)

3, Q4)

Format: MM/DD/YYYY - MM/DD/YYYY)

Summary of issue

Date and report in which
issue was first reported

associated metrics are reported as outlined in monitoring protocol.

associated metrics are reported as outlined in monitoring protocol.

associated metrics are reported as outlined in monitoring protocol.

associated metrics are reported as outlined in monitoring protocol.

associated metrics are reported as outlined in monitoring protocol.

associated metrics are reported as outlined in monitoring protocol.

any display of Measure rates:

(metrics #13, 14, 15, 16, 17, 18, 7, 8, 9, 10, 26, 29, 31) are Healthcare Effectiveness Data and Information Set ("HEDIS"). NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician measures or specifications.

methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to accurately display "Uncertified, Unaudited HEDIS rates."

Emotional Disturbance Demonstration contain HEDIS Value Sets (VS) developed by and included with the permission of the owners of these code sets. NCQA disclaims all liability for use or accuracy.

included in previous reports. When applicable, the state should note when issues are resolved. If an issue was noted as resolved in the previous

Estimated number of impacted beneficiaries

Known or suspected cause(s) of issue (if applicable)

DIS®) measures that are
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s report, it should not be reported in the current report.

Instructions for Completing the Assessment of the Availability of Mental Health Services ("Availability Assessment" tab)

Before you begin:	The state will submit multiple availability assessments. The state will submit an initial assessment at the time of application and annual assessments thereafter.
	The state should select a consistent month in each year to populate the information in the availability assessment (e.g. provide initial information based on counts covering August 2019, and update the information based on counts covering August 2020, August 2021, August 2022, and August 2023).
	Enter the state name, data entry date(s), and time period reflected in the availability assessment in cells C1-3.
	To add rows for additional geographic designations, click the "Add row" button.

Column	Instructions
B	In column B, enter each geographic designation starting in cell B8. Add rows as needed to capture all geographic designations. Geographic designation means a state-defined geographic unit for reporting data, such as county, region, or catchment area. The state should consider how it divides its mental health system into smaller units or catchment areas to select geographic designations that will yield meaningful, actionable information.
C	In column C, starting in cell C8, please select whether geographic designation entered in the corresponding cell in column B could be considered urban or rural. If the geographic designation should be categorized as something other than urban or rural, select "Other-please explain" and record an explanation in the notes box in column D. Urban is defined as a Metropolitan Statistical Area or a Metropolitan division (in the case where a Metropolitan Statistical Area is divided into Metropolitan Divisions), as defined by the Executive Office of Management and Budget (42 CFR § 412.64(b)) Rural is defined as any area outside an urban area as defined in 42 CFR § 412.64(b).
D	In column D, beginning in cell D8, please use this space to explain the state's response if the state selects 'Other-please explain' in column C.
E	In column E, starting in cell E8, enter the total number of adult Medicaid beneficiaries ages 18-20 in each geographic designation at the selected point in time. Medicaid beneficiary means a person who has been determined to be eligible to receive Medicaid services as defined at 42 CFR §400.200. Note: this age category is separate in order to avoid double counting beneficiaries in the residential treatment category and to facilitate the calculation of certain ratios in the assessment. See the note in the following cell for additional explanation
F	In column F, starting in cell F8, enter the number of adult Medicaid beneficiaries ages 18-20 with SMI in each geographic designation at the selected point in time. As defined on page 1 of the State Medicaid Directors Letter, serious mental illness means persons age 18 and over who currently, or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria, that has resulted in functional impairment which substantially interferes with or limits one or more major life activities. Note: in the State Medicaid Directors letter (SMDL #18-011), SMI is defined to include individuals age 18 years and older, and SED includes children younger than 18. However, the residential treatment section of the availability assessment requests data on PRTFs, and the federal definition for PRTFs includes facilities that serve individuals under the age of 21. In order to avoid double counting beneficiaries in the residential treatment category, the assessment requests data on beneficiaries age 0-17, 18-20, and 21 and older separately.

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	Enter the state name, data entry date(s), and time period reflected in the availability assessment in cells C1-3.
	To add rows for additional geographic designations, click the "Add row" button.

Column	Instructions
G	In column G, starting in cell G8, enter the total number of adult Medicaid beneficiaries age 21 and older in each geographic designation at the selected point in time.
H	In column H, starting in cell H8, enter the number of adult Medicaid beneficiaries age 21 and older with SMI in each geographic designation at the selected point in time. Note: in the SMDL, SMI is defined to include individuals age 18 years and older, and SED includes children younger than 18. However, the residential treatment section of the availability assessment requests data on PRTFs, and the federal definition for PRTFs includes facilities that serve individuals under the age of 21. In order to avoid double counting beneficiaries in the residential treatment category, the assessment requests data on beneficiaries age 0-17, 18-20, and 21 and older separately.
I	In column I, starting in cell I8, the availability assessment will automatically calculate the percent of adult Medicaid beneficiaries who have SMI in each geographic designation. The state should not input any values into this column or modify the formulas in this column.
J	In column J, starting in cell J8, enter the total number of Medicaid beneficiaries under the age of 18 in each geographic designation at the selected point in time.
K	In column K, starting in cell K8, enter the number of beneficiaries under the age of 18 with SED in each geographic designation at the selected point in time. As defined on page 2 of the SMDL, individuals with SED are those from birth up to age 18 who currently, or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities. Functional impairment" is defined as difficulties that substantially interfere with or limit a child or adolescent from achieving or maintaining one or more developmentally-appropriate social, behavioral, cognitive, communicative, or adaptive skills.
L	In column L starting in cell L8, the availability assessment will automatically calculate the percent of beneficiaries under the age of 18 who have SED in each geographic designation. The state should not input any values into this column or modify the formulas in this column.
M	In column M, starting in cell M8, the availability assessment will automatically calculate the number of Medicaid beneficiaries (total) in each geographic designation.
N	In column N, starting in cell N8, the availability assessment will automatically calculate the percent with Medicaid beneficiaries with SMI or SED (total) in each geographic designation.

Instructions for Completing the Assessment of the Availability of Mental Health Services ("Availability Assessment" tab)

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	Enter the state name, data entry date(s), and time period reflected in the availability assessment in cells C1-3.
	To add rows for additional geographic designations, click the "Add row" button.
Column	Instructions
O	In column O, starting in cell O8, the availability assessment will automatically calculate the percent with SMI or SED (total) in each geographic designation.
P	In column P, beginning in cell P8, please use this space to provide notes about or qualifications to beneficiary data. For example, use this cell to explain data limitations or missing data.
Q	In column Q, starting in cell Q8, enter the number of psychiatrists or other practitioners who are authorized to prescribe in each geographic designation. A psychiatrist is any psychiatrist licensed to practice in the state under state licensure laws. Other prescribers authorized to prescribe means the number of mental health practitioners other than psychiatrists who are authorized to prescribe as defined by state licensure laws.
R	In column R, starting in cell R8, enter the number of Medicaid-enrolled psychiatrists or other practitioners who are authorized to prescribe in each geographic designation. Medicaid-enrolled means any provider enrolled in Medicaid to obtain Medicaid billing privileges, as defined in 42 CFR §455.410.
S	In column S, starting in cell S8, enter the number of Medicaid-enrolled psychiatrists or other practitioners who are authorized to prescribe and are accepting new Medicaid patients in each geographic designation. Accepting new Medicaid patients means any provider enrolled in Medicaid to obtain Medicaid billing privileges who will treat new Medicaid-enrolled patients.
T-V	In columns T-V, starting in cell T8, the availability assessment will automatically calculate the ratios in each geographic designation. The state should not input any values into these columns or modify the formulas in these columns.
W	In column W, beginning in cell W8, please use this space to provide notes about or qualifications to category data. For example, use this cell to explain data limitations or missing data.
X	In column X, starting in cell X8, enter the number of other practitioners certified or licensed to independently treat mental illness in each geographic designation. Other types of practitioners certified or licensed to independently treat mental illness means non-psychiatrist mental health providers who are certified or licensed to independently treat mental illness as defined by state licensure laws. This may include, but is not limited to, licensed psychologists, clinical social workers, and professional counselors.
Y	In column Y, starting in cell Y8, enter the number of Medicaid-enrolled other types of practitioners certified and licensed to independently treat mental illness in each geographic designation.
Z	In column Z, starting in cell Z8, enter the number of Medicaid-enrolled other types of practitioners certified and licensed to independently treat mental illness accepting new Medicaid patients in each geographic designation.

Instructions for Completing the Assessment of the Availability of Mental Health Services ("Availability Assessment" tab)

Before you begin:	The state will submit multiple availability assessments. The state will submit an initial assessment at the time of application and annual assessments thereafter.
	The state should select a consistent month in each year to populate the information in the availability assessment (e.g. provide initial information based on counts covering August 2019, and update the information based on counts covering August 2020, August 2021, August 2022, and August 2023).
	Enter the state name, data entry date(s), and time period reflected in the availability assessment in cells C1-3.
	To add rows for additional geographic designations, click the "Add row" button.

Column	Instructions
AA-AC	In columns AA-AC, starting in cell AA8, the availability assessment will automatically calculate the ratios in each geographic designation. The state should not input any values into these columns or modify the formulas in these columns.
AD	In column AD, beginning in cell AD8, please use this space to provide notes about or qualifications to category data. For example, use this cell to explain data limitations or missing data.
AE	In column AE, starting in cell AE8, enter the number of community mental health centers (CMHCs) in each geographic designation. A community mental health center is an entity that provides outpatient mental health services, 24 hour emergency care services, day treatment, screenings, and consultation and educational services, as defined at 42 CFR §410.2.
AF	In column AF, starting in cell AF8, enter the number of Medicaid-enrolled CMHCs in each geographic designation.
AG	In column AG, starting in cell AG8, enter the number of Medicaid-enrolled CMHCs accepting new Medicaid patients in each geographic designation.
AH-AJ	In columns AH-AJ, starting in cell AH8, the availability assessment will automatically calculate the ratios in each geographic designation. The state should not input any values into these columns or modify the formulas in these columns.
AK	In column AK, beginning in cell AK8, please use this space to provide notes about or qualifications to category data. For example, use this cell to explain data limitations or missing data.
AL	In column AL, starting in cell AL8, enter the number of intensive outpatient/partial hospitalization providers in each geographic designation. Partial hospitalization or intensive outpatient services means a distinct and organized intensive ambulatory treatment program that offers less than 24-hour daily care other than in an individual's home or in an inpatient or residential setting.
AM	In column AM, starting in cell AM8, enter the number of Medicaid-enrolled intensive outpatient/partial hospitalization providers in each geographic designation.
AN	In column AN, starting in cell AN8, enter the number of Medicaid-enrolled intensive outpatient/partial hospitalization providers accepting new Medicaid patients in each geographic designation.
AO-AQ	In columns AO-AQ, starting in cell AO8, the availability assessment will automatically calculate the ratios in each geographic designation. The state should not input any values into these columns or modify the formulas in these columns.
AR	In column AR, beginning in cell AR8, please use this space to provide notes about or qualifications to category data. For example, use this cell to explain data limitations or missing data.

Instructions for Completing the Assessment of the Availability of Mental Health Services ("Availability Assessment" tab)

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	Enter the state name, data entry date(s), and time period reflected in the availability assessment in cells C1-3.
	To add rows for additional geographic designations, click the "Add row" button.

Column	Instructions
AS	In column AS, starting in cell AS8, enter the number of residential mental health treatment facilities (adult) in each geographic designation. A residential mental health treatment facilities (adult) is a facility not licensed as a psychiatric hospital, whose primary purpose is to provide individually planned programs of mental health treatment services in a residential care setting for adults as defined for SAMHSA's N-MHSS. Please exclude residential SUD treatment facilities.
AT	In column AT, starting in cell AT8, enter the number of Medicaid-enrolled residential mental health treatment facilities (adult) in each geographic designation.
AU	In column AU, starting in cell AU8, enter the number of Medicaid-enrolled residential mental health treatment facilities (adult) accepting new Medicaid patients in each geographic designation.
AV-AX	In column AV-AX, starting in cell AV8, the availability assessment will automatically calculate the ratios in each geographic designation. The state should not input any values into these columns or modify the formulas in these columns.
AY	In column AY, starting in cell AY8, enter the total number of residential mental health treatment facility beds (adult) in each geographic designation.
AZ	In column AZ, starting in cell AZ8, enter the total number of Medicaid-enrolled residential mental health treatment beds (adult) in each geographic designation.
BA	In column BA, starting in cell BA8, enter the total number of Medicaid-enrolled residential mental health treatment beds available to adult Medicaid patients in each geographic designation. Available to Medicaid adult Medicaid patients means any facility or bed available to serve Medicaid patients over the age of 18.
BB-BD	In column BB-BD, starting in cell BB8, the availability assessment will automatically calculate the ratios in each geographic designation. The state should not input any values into these columns or modify the formulas in these columns.
BE	In column BE, beginning in cell BE8, please use this space to provide notes about or qualifications to category data. For example, use this cell to explain data limitations or missing data.

Instructions for Completing the Assessment of the Availability of Mental Health Services ("Availability Assessment" tab)

Before you begin:	The state will submit multiple availability assessments. The state will submit an initial assessment at the time of application and annual assessments thereafter.
	The state should select a consistent month in each year to populate the information in the availability assessment (e.g. provide initial information based on counts covering August 2019, and update the information based on counts covering August 2020, August 2021, August 2022, and August 2023).
	Enter the state name, data entry date(s), and time period reflected in the availability assessment in cells C1-3.
	To add rows for additional geographic designations, click the "Add row" button.

Column	Instructions
BF	In column BF, starting in cell BF8, enter the number of psychiatric residential treatment facilities (PRTF) in each geographic designation. A PRTF is a non-hospital facility with a provider agreement with a state Medicaid agency to provide the inpatient psychiatric services to individuals under age 21 benefit (psych under 21 benefit). The facility must be accredited by the Joint Commission, the Council on Accreditation of Services for Families and Children, the Commission on Accreditation of Rehabilitation Facilities, or any other accrediting organization with comparable standards recognized by the State. PRTFs must also meet the requirements at 42 CFR §441.151 - §441.182, and 42 CFR §483.350 – §483.376.
BG	In column BG, starting in cell BG8, enter the number of Medicaid-enrolled PRTFs in each geographic designation.
BH	In column BH, starting in cell BH8, enter the number of Medicaid-enrolled PRTFs accepting new Medicaid patients in each geographic designation.
BI-BK	In column BI-BK, starting in cell BI8, the availability assessment will automatically calculate the ratios in each geographic designation. The state should not input any values into these columns or modify the formulas in these columns.
BL	In column BL, starting in cell BL8, enter the total number of PRTF beds in each geographic designation.
BM	In column BM, starting in cell BM8, enter the number of Medicaid-enrolled PRTF beds in each geographic designation.
BN	In column BN, starting in cell BN8, enter the number of Medicaid-enrolled PRTF beds available to Medicaid patients in each geographic designation. Available to Medicaid patients means any facility or bed available to serve Medicaid patients.
BO-BQ	In column BO-BQ, starting in cell BO8, the availability assessment will automatically calculate the ratios in each geographic designation. The state should not input any values into these columns or modify the formulas in these columns.
BR	In column BR, beginning in cell BR8, please use this space to provide notes about or qualifications to category data. For example, use this cell to explain data limitations or missing data.
BS	In column BS, starting in cell BS8, enter the number of psychiatric hospitals in each geographic designation. A psychiatric hospital is an institution which provides diagnosis and treatment of mentally ill persons, as defined at 42 USC §1395x.

Instructions for Completing the Assessment of the Availability of Mental Health Services ("Availability Assessment" tab)

Before you begin:	The state will submit multiple availability assessments. The state will submit an initial assessment at the time of application and annual assessments thereafter.
	The state should select a consistent month in each year to populate the information in the availability assessment (e.g. provide initial information based on counts covering August 2019, and update the information based on counts covering August 2020, August 2021, August 2022, and August 2023).
	Enter the state name, data entry date(s), and time period reflected in the availability assessment in cells C1-3.
	To add rows for additional geographic designations, click the "Add row" button.

Column	Instructions
BT	In column BT, starting in cell BT8, enter the number of psychiatric hospitals available to Medicaid patients in each geographic designation.
BU-BV	In column BU-BV, starting in cell BU8, the availability assessment will automatically calculate the ratios in each geographic designation. The state should not input any values into these columns or modify the formulas in these columns.
BW	In column BW, beginning in cell BW8, please use this space to provide notes about or qualifications to category data. For example, use this cell to explain data limitations or missing data.
BX	In column BX, starting in cell BX8, enter the number of psychiatric units in acute care hospitals in each geographic designation. A psychiatric unit is a separate inpatient psychiatric unit of a general hospital that provides inpatient mental health services and has specifically allocated staff and space (beds) for the treatment of persons with mental illness, as defined for SAMHSA's N-MHSS.
BY	In column BY, starting in cell BY8, enter the number of psychiatric units in critical access hospitals (CAHs) in each geographic designation. A critical access hospital is a small facility that provides 24-hour emergency care, outpatient services, as well as inpatient services to people in rural areas, as defined in 42 CFR §485.606.
BZ	In column BZ, starting in cell BZ8, enter the number of Medicaid-enrolled psychiatric units in acute care hospitals in each geographic designation.
CA	In column CA, starting in cell CA8, enter the number of Medicaid-enrolled psychiatric units in CAHs in each geographic designation.
CB	In column CB, starting in cell CB8, enter the number of Medicaid-enrolled psychiatric units in acute care hospitals accepting new Medicaid patients in each geographic designation.
CC	In column CC starting in cell CC8, enter the number of Medicaid-enrolled psychiatric units in CAHs accepting new Medicaid patients in each geographic designation.
CD-CI	In column CD-CI, starting in cell CD8, the availability assessment will automatically calculate the ratios in each geographic designation. The state should not input any values into these columns or modify the formulas in these columns.
CJ	In column CJ, beginning in cell CJ8, please use this space to provide notes about or qualifications to category data. For example, use this cell to explain data limitations or missing data.
CK	In column CK, starting in cell CK8, enter the number of licensed psychiatric hospital beds (psychiatric hospital + psychiatric units) in each geographic designation. Please enter the number of licensed psychiatric hospital beds as defined by state licensure requirements.

Instructions for Completing the Assessment of the Availability of Mental Health Services ("Availability Assessment" tab)

Before you begin:	The state will submit multiple availability assessments. The state will submit an initial assessment at the time of application and annual assessments thereafter.
	The state should select a consistent month in each year to populate the information in the availability assessment (e.g. provide initial information based on counts covering August 2019, and update the information based on counts covering August 2020, August 2021, August 2022, and August 2023).
	Enter the state name, data entry date(s), and time period reflected in the availability assessment in cells C1-3.
	To add rows for additional geographic designations, click the "Add row" button.
Column	Instructions
CL	In column CL, starting in cell CL8, enter the number of licensed psychiatric hospital beds (psychiatric hospital + psychiatric units) available to Medicaid patients in each geographic designation.
CM-CN	In column CM-CN, starting in cell CM8, the availability assessment will automatically calculate the ratios in each geographic designation. The state should not input any values into these columns or modify the formulas in these columns.
CO	In column CO, beginning in cell CO8, please use this space to provide notes about or qualifications to category data. For example, use this cell to explain data limitations or missing data.
CP	In column CP, starting in cell CP8, enter the number of residential mental health treatment facilities (adult) that qualify as an institution for mental diseases (IMDs) in each geographic designation. An IMD is a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services per section 1905(i) of the Social Security Act. See also 42 CFR §435.1010 and section 4390 of the State Medicaid Manual.
CQ	In column CQ, starting in cell CQ8, enter the number of Medicaid-enrolled residential mental health treatment facilities (adult) that qualify as IMDs in each geographic designation.
CR	In column CR, starting in cell CR8, enter the number of Medicaid-enrolled residential mental health treatment facilities (adult) that qualify as IMDs accepting Medicaid patients in each geographic designation.
CS-CU	In column CS-CU, starting in cell CS8, the availability assessment will automatically calculate the ratios in each geographic designation. The state should not input any values into these columns or modify the formulas in these columns.
CV	In column CV, starting in cell CV8, enter the number of psychiatric hospitals that qualify as IMDs in each geographic designation.
CW	In column CW, starting in cell CW8, the availability assessment will automatically calculate the ratios in each geographic designation. The state should not input any values into these columns or modify the formulas in these columns.
CX	In column CX, beginning in cell CX8, please use this space to provide notes about or qualifications to category data. For example, use this cell to explain data limitations or missing data.
CY	In column CY, starting in cell CY8, enter the number of crisis call centers in each geographic designation. Please enter the number of crisis call centers as defined by the state.

Instructions for Completing the Assessment of the Availability of Mental Health Services ("Availability Assessment" tab)

Before you begin:	The state will submit multiple availability assessments. The state will submit an initial assessment at the time of application and annual assessments thereafter.
	The state should select a consistent month in each year to populate the information in the availability assessment (e.g. provide initial information based on counts covering August 2019, and update the information based on counts covering August 2020, August 2021, August 2022, and August 2023).
	Enter the state name, data entry date(s), and time period reflected in the availability assessment in cells C1-3.
	To add rows for additional geographic designations, click the "Add row" button.
Column	Instructions
CZ	In column CZ, starting in cell CZ8, enter the number of mobile crisis units in each geographic designation. A mobile crisis unit is a team that intervenes during mental health crises, as defined by the state.
DA	In column DA, starting in cell DA8, enter the number of crisis observation/ assessment centers in each geographic designation. Please enter the number of observation or assessment centers as defined by the state.
DB	In column DB, starting in cell DB8, enter the number of crisis stabilization units in each geographic designation. Crisis stabilization units offer medically monitored short-term crisis stabilization services, as defined by the state.
DC	In column DC, starting in cell DC8, enter the number of coordinated community crisis response teams in each geographic designation. Coordinated community crisis response means a community-based program or entity that manages crisis response across various community entities or programs, as defined by the state.
DD-DH	In column DD-DH, starting in cell DD8, the availability assessment will automatically calculate the ratios in each geographic designation. The state should not input any values into these columns or modify the formulas in these columns.
DI	In column DI, beginning in cell DI8, please use this space to provide notes about or qualifications to category data. For example, use this cell to explain data limitations or missing data.
DJ	In column DJ, starting in cell DJ8, enter the number FQHCs that offer behavioral health services in each geographic designation. Federally qualified health center (FQHC) means an entity that has entered into an agreement with CMS to meet Medicare program requirements under 42 CFR §405.2434 and 42 CFR §405.2401.
DK	In column DK, starting in cell DK8, the availability assessment will automatically calculate the ratios in each geographic designation. The state should not input any values into these columns or modify the formulas in these columns.
DL	In column DL, beginning in cell DL8, please use this space to provide notes about or qualifications to category data.
DM	Beginning in column DM, add additional counts and ratios for provider and setting types that the state considers important to its mental health system. The state should not modify any of the previous columns.

Definitions of terms used in the Availability Assessment

Term	Definition
Accepting new Medicaid patients	Accepting new Medicaid patients means any provider enrolled in Medicaid to obtain Medicaid billing privileges who will treat new Medicaid-enrolled patients.
Available to Medicaid patients	Available to Medicaid patients means any facility or bed available to serve Medicaid patients.
Adult	An adult is a person age 18 and over [SMDL].
Community mental health center (CMHC)	A community mental health center (CMHC) is an entity that provides outpatient mental health services, 24 hour emergency care services, day treatment, screenings, and consultation and educational services, as defined at 42 CFR §410.2.
Coordinated community crisis response	Coordinated community crisis response means a community-based program or entity that manages crisis response across various community entities or programs, as defined by the state.
Crisis call center	Crisis call centers are defined by the state.
Crisis stabilization unit	Crisis stabilization units offer medically monitored short-term crisis stabilization services, as defined by the state.
Critical access hospital	A critical access hospital is a small facility that provides 24-hour emergency care, outpatient services, as well as inpatient services to people in rural areas, as defined in 42 CFR §485.606.
Federally qualified health center	Federally qualified health center (FQHC) means an entity that has entered into an agreement with CMS to meet Medicare program requirements under 42 CFR §405.2434 and 42 CFR §405.2401
Geographic designation	Geographic designation means a state-defined geographic unit for reporting data, such as county, region, or catchment area.
Institution for mental diseases (IMD)	An institution for mental diseases is a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services per section 1905(i) of the Social Security Act. See also 42 CFR §435.1010 and section 4390 of the State Medicaid Manual.
Intensive outpatient services or partial hospitalization	Intensive outpatient services or partial hospitalization means a distinct and organized intensive ambulatory treatment program that offers less than 24-hour daily care other than in an individual's home or in an inpatient or residential setting.
Licensed psychiatric hospital bed	Licensed psychiatric hospital beds are defined by state licensure requirements.
Medicaid beneficiary	Medicaid beneficiary means a person who has been determined to be eligible to receive Medicaid services as defined at 42 CFR §400.200.
Medicaid-enrolled	Medicaid-enrolled means any provider enrolled in Medicaid to obtain Medicaid billing privileges, as defined in 42 CFR §455.410.

Definitions of terms used in the Availability Assessment

Term	Definition
Mobile crisis unit	A mobile crisis unit is a team that intervenes during mental health crises, as defined by the state.
Mental health practitioners other than psychiatrists who are authorized to prescribe	Mental health practitioners other than psychiatrists who are authorized to prescribe are defined by state licensure laws.
Mental health practitioners other than psychiatrists who are certified or licensed by the state to independently treat mental illness.	Mental health practitioners other than psychiatrists who are certified or licensed to treat mental illness are non-psychiatrist mental health providers who are certified or licensed to independently treat mental illness as defined by state licensure laws. This may include, but is not limited to, licensed psychologists, clinical social workers, and professional counselors .
Observation or assessment centers	Observation or assessment centers are defined by the state.
Psychiatric hospital	A psychiatric hospital is an institution which provides diagnosis and treatment of mentally ill person, as defined at 42 USC §1395x.
Psychiatric residential treatment facility (PRTF)	A psychiatric residential treatment facility is a non-hospital facility with a provider agreement with a state Medicaid agency to provide the inpatient psychiatric services to individuals under age 21 benefit (psych under 21 benefit). The facility must be accredited by the Joint Commission, the Council on Accreditation of Services for Families and Children, the Commission on Accreditation of Rehabilitation Facilities, or any other accrediting organization with comparable standards recognized by the State. PRTFs must also meet the requirements at 42 CFR §441.151 - §441.182, and 42 CFR §483.350 – §483.376.
Psychiatric unit	A psychiatric unit is a separate inpatient psychiatric unit of a general hospital that provides inpatient mental health services and has specifically allocated staff and space (beds) for the treatment of persons with mental illness, as defined for SAMHSA's National Mental Health Services Survey (N-MHSS).
Psychiatrist	A psychiatrist is any psychiatrist licensed to practice in the state under state licensure laws
Residential mental health treatment facilities (adult)	A residential mental health treatment facilities (adult) is a facility not licensed as a psychiatric hospital, whose primary purpose is to provide individually planned programs of mental health treatment services in a residential care setting for adults as defined for SAMHSA's N-MHSS. Please exclude residential SUD treatment facilities.
Rural	Rural means any area outside an urban area as defined in 42 CFR § 412.64(b)

Definitions of terms used in the Availability Assessment

Term	Definition
Serious emotional disturbance	<p><i>Persons with serious emotional disturbance</i> means individuals from birth up to age 18 who currently, or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities. Functional impairment" is defined as difficulties that substantially interfere with or limit a child or adolescent from achieving or maintaining one or more developmentally-appropriate social, behavioral, cognitive, communicative, or adaptive skills [SMDL].</p>
Serious mental illness	<p><i>Persons with serious mental illness</i> means individuals, age 18 and over, who currently, or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria, that has resulted in functional impairment which substantially interferes with or limits one or more major life activities. [SMDL]</p> <p>Note: in the SMDL, SMI is defined to include individuals age 18 years and older, and SED includes children younger than 18. However, the residential treatment section of the availability assessment requests data on PRTFs, and the federal definition for PRTFs includes facilities that serve individuals under the age of 21. In order to avoid double counting beneficiaries in the residential treatment category, the assessment requests data on beneficiaries age 0-17, 18-20, and 21 and older separately.</p>
Urban	<p>Urban means a Metropolitan Statistical Area or a Metropolitan division (in the case where a Metropolitan Statistical Area is divided into Metropolitan Divisions), as defined by the Executive Office of Management and Budget (42 CFR § 412.64(b)).</p>

State Name	
Date of Assessment	
Time Period Reflected in Assessment	

Geographic Designation			Beneficiaries							
			Adult				Children			
Geographic designation	Is this geographic designation primarily urban or rural?	Geographic Designation Notes	Number of adult Medicaid beneficiaries (18 - 20)	Number of adult Medicaid beneficiaries with SMI (18 - 20)	Number of adult Medicaid beneficiaries (21+)	Number of adult Medicaid beneficiaries with SMI (21+)	Percent with SMI (Adult)	Number of Medicaid beneficiaries (0 - 17)	Number of Medicaid beneficiaries with SED (0 - 17)	Percent with SED (0-17)
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
Total			0	0	0	0	-	0	0	-

					Community Mental Health Centers							Inte	
Practitioners Certified and Licensed to Independently Treat Mental Illness													
Number of Medicaid-Enrolled Other Practitioners Certified or Licensed to Independently Treat Mental Illness Accepting New Medicaid Patients	Ratio of Medicaid Beneficiaries with SMI/SED to Medicaid-Enrolled Other Practitioners Certified or Licensed to Independently Treat Mental Illness	Ratio of Other Practitioners Certified or Licensed to Independently Treat Mental Illness to Medicaid-Enrolled Other Practitioners Certified or Licensed to Independently Treat Mental Illness	Ratio of Medicaid-Enrolled Other Practitioners Certified and Licensed to Independently Treat Mental Illness to Medicaid-Enrolled Other Practitioners Certified and Licensed to Independently Treat Mental Illness	Other Practitioner Category Notes	Number of CMHCs	Number of Medicaid-Enrolled CMHCs	Number of Medicaid-Enrolled CMHCs Accepting New Medicaid Patients	Ratio of Medicaid Beneficiaries with SMI/SED to Medicaid-Enrolled CMHCs	Ratio of Total Medicaid-Enrolled CMHCs to Medicaid-Enrolled CMHCs Accepting New Patients	Ratio of Medicaid-Enrolled CMHCs to Medicaid-Enrolled CMHCs Accepting New Patients	CMHC Category Notes	Number of Intensive Outpatient/Partial Hospitalization Providers	Number of Medicaid-Enrolled Intensive Outpatient/Partial Hospitalization Providers
-	-	-	-					-	-	-			
-	-	-	-					-	-	-			
-	-	-	-					-	-	-			
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-	-	-	-					-	-	-			
0	-	-	-		0	0	0	-	-	-		0	0

Intensive Outpatient or Partial Hospitalization Providers

Residential Mental Health Treatment

Number of Medicaid-Enrolled Intensive Outpatient/Partial Hospitalization Providers Accepting New Medicaid Patients	Ratio of Medicaid Beneficiaries with SMI/SED to Medicaid-Enrolled Intensive Outpatient/Partial Hospitalization Providers	Ratio of Total Partial Hospitalization/Day Treatment Medicaid-Enrolled Intensive Outpatient/Partial Hospitalization Providers to Medicaid-Enrolled Intensive Outpatient/Partial Hospitalization Providers	Ratio of Medicaid-Enrolled Partial Hospitalization/Day Treatment Providers to Medicaid-Enrolled Intensive Outpatient/Partial Hospitalization Providers	Category Notes	Number of Residential Mental Health Treatment Facilities (Adult)	Number of Medicaid-Enrolled Residential Mental Health Treatment Facilities (Adult)	Number of Medicaid-Enrolled Residential Mental Health Treatment Facilities Accepting New Medicaid Patients (Adult)	Ratio of Medicaid Beneficiaries with SMI (Adult) to Medicaid-Enrolled Residential Mental Health Treatment Facilities (Adult)	Ratio of Total Residential Mental Health Treatment Facilities (Adult) to Medicaid-Enrolled Residential Mental Health Treatment Facilities (Adult)	Ratio of Medicaid-Enrolled Residential Mental Health Treatment Facilities (Adult) to Medicaid-Enrolled Residential Mental Health Treatment Facilities (Adult)	Total Number of Residential Mental Health Treatment Facility Beds (Adult)
											0
-	-	-	-		0	0	0	-	-	-	0
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-	-	-	-					-	-	-	
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0	-	-	-		0	0	0	-	-	-	0

Residential Mental Health Treatment Facilities

nt Facilities (Adult)

Psychiatric R

Total Number of Medicaid-Enrolled Residential Mental Health Treatment Beds (Adult)	Total Number of Medicaid-Enrolled Residential Mental Health Treatment Beds Available to Medicaid Patients	Ratio of Medicaid Beneficiaries with SMI (Adult) to Medicaid-Enrolled Residential Mental Health Treatment Beds	Ratio of Total Residential Mental Health Treatment Beds to Medicaid-Enrolled Residential Mental Health Treatment Beds Available to Medicaid Patients	Ratio of Medicaid-Enrolled Residential Mental Health Treatment Beds to Medicaid-Enrolled Residential Mental Health Treatment Beds Available to Medicaid Patients	Residential Mental Health Treatment Facility Category Notes (Adult)	Number of Psychiatric Residential Treatment Facilities (PRTF)	Number of Medicaid-Enrolled PRTFs	Number of Medicaid-Accepting New Medicaid Patients	Ratio of Medicaid Beneficiaries with SED to Medicaid-Enrolled PRTFs	Ratio of Total PRTFs to Medicaid-Enrolled PRTFs	Ratio of Medicaid-Enrolled PRTFs to Medicaid-Accepting New Medicaid Patients
		-	-	-					-	-	-
		-	-	-					-	-	-
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		-	-	-					-	-	-
		-	-	-					-	-	-
0	0	-	-	-		0	0	0	-	-	-

Residential Treatment Facilities							Psychiatric Hospitals				
Total Number of PRTF Beds	Number of Medicaid-Enrolled PRTF Beds	Number of Medicaid-Enrolled PRTF Beds Available to Medicaid Patients	Ratio of Medicaid Beneficiaries with SED to Medicaid-Enrolled PRTF Beds Available to Medicaid Patients	Ratio of Total PRTF Beds to Medicaid-Enrolled PRTF Beds	Ratio of Medicaid-Enrolled PRTF Beds to Medicaid Patients	Psychiatric Residential Treatment Facility (Under 21) Category Notes	Number of Psychiatric Hospitals	Psychiatric Hospitals Available to Medicaid Patients	Ratio of Medicaid Beneficiaries with SMI/SED to Psychiatric Hospitals Available to Medicaid Patients	Ratio of Psychiatric Hospitals to Psychiatric Hospitals Available to Medicaid Patients	Psychiatric Hospital Category Notes
			-	-	-				-	-	
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			-	-	-				-	-	
0	0	0	-	-	-		0	0	-	-	

Inpatient

Psychiatric Units

Number of Psychiatric Units in Acute Care Hospitals	Number of Psychiatric Units in Critical Access Hospitals (CAHs)	Number of Medicaid-Enrolled Psychiatric Units in Acute Care Hospitals	Number of Medicaid-Enrolled Psychiatric Units in CAHs	Number of Medicaid-Enrolled Psychiatric Units in Acute Care Hospitals Accepting New Medicaid Patients	Number of Medicaid-Enrolled Psychiatric Units in CAHs Accepting New Medicaid Patients	Ratio of Medicaid Beneficiaries with SMI/SED to Medicaid-Enrolled Psychiatric Units in Acute Care Hospitals	Ratio of Medicaid Beneficiaries with SMI/SED to Medicaid-Enrolled Psychiatric Units in CAHs	Ratio of Psychiatric Units in Acute Care Hospitals to Medicaid-Enrolled Psychiatric Units in CAHs	Ratio of Psychiatric Units in CAHs to Medicaid-Enrolled Psychiatric Units in CAHs	Ratio of Medicaid-Enrolled Psychiatric Units in Acute Care Hospitals to Medicaid-Enrolled Psychiatric Units in CAHs	Ratio of Medicaid-Enrolled Psychiatric Units in CAHs to Medicaid-Enrolled Psychiatric Units in CAHs
										Ratio of Psychiatric Units in Acute Care Hospitals to Medicaid-Enrolled Psychiatric Units in CAHs	Ratio of Psychiatric Units in CAHs to Medicaid-Enrolled Psychiatric Units in CAHs
0	0	0	0	0	0	0	0	-	-	-	-

					Institutions for Mental Diseases						
Psychiatric Beds					Residential Treatment Facilities That Qualify As IMDs						
Psychiatric Unit Category Notes	Number of Licensed Psychiatric Hospital Beds (Psychiatric Hospital + Psychiatric Units)	Number of Licensed Psychiatric Hospital Beds (Psychiatric Hospital + Psychiatric Units) Available to Medicaid Patients	Ratio of Medicaid Beneficiaries with SMI/SED to Licensed Psychiatric Hospital Beds Available to Medicaid Patients	Ratio of Licensed Psychiatric Hospital Beds to Licensed Psychiatric Hospital Beds Available to Medicaid Patients	Psychiatric Beds Category Notes	Number of Residential Mental Health Treatment Facilities (Adult) that Qualify as IMDs	Number of Medicaid-Enrolled Residential Mental Health Treatment Facilities (Adult) that Qualify as IMDs	Number of Medicaid-Enrolled Residential Mental Health Treatment Facilities (Adult) that Qualify as IMDs Accepting Medicaid Patients	Ratio of Medicaid Beneficiaries with SMI (Adult) to Medicaid-Enrolled Residential Mental Health Treatment Facilities that Qualify as IMDs	Ratio of Total Residential Mental Health Treatment Facilities (Adult) that Qualify as IMDs to Medicaid-Enrolled Residential Mental Health Treatment Facilities (Adult) that Qualify as IMDs	Ratio of Medicaid-Enrolled Residential Mental Health Treatment Facilities (Adult) that Qualify as IMDs to Medicaid-Enrolled Residential Mental Health Treatment Facilities (Adult) that Qualify as IMDs Accepting New Medicaid Patients
			-	-					-	-	-
			-	-					-	-	-
			-	-					-	-	-
			-	-					-	-	-
			-	-					-	-	-
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			-	-					-	-	-
	0	0	-	-		0	0	0	-	-	-

Crisis Stabilization Services

Psychiatric Hospitals That Qualify As IMDs			Crisis Stabilization Services									
Number of Psychiatric Hospitals that Qualify as IMDs	Ratio of Medicaid Beneficiaries with SMI/SED to Psychiatric Hospitals that Qualify as IMDs	Facilities That Qualify As IMDs Category Notes	Number of Crisis Call Centers	Number of Mobile Crisis Units	Number of Crisis Observation/Assessment Centers	Number of Crisis Stabilization Units	Number of Coordinated Community Crisis Response Teams	Ratio of Medicaid Beneficiaries with SMI/SED to Crisis Call Centers	Ratio of Medicaid Beneficiaries with SMI/SED to Mobile Crisis Units	Ratio of Medicaid Beneficiaries with SMI/SED to Crisis Observation/Assessment Centers	Ratio of Medicaid Beneficiaries with SMI/SED to Crisis Stabilization Units	Ratio of Medicaid Beneficiaries with SMI/SED to Coordinated Community Crisis Response Teams
-	-							-	-	-	-	-
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Federally Qualified Health Centers			
Crisis Stabilization Services Category	Notes	Number FQHCs that Offer Behavioral Health Services	Ratio of Medicaid Beneficiaries with SMI/SED to FQHCs that Offer Behavioral Health Services
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