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

Instructions for Using the 1115 SMI/SED Monitoring Protocol Template

The state should use the CMS-provided 1115 SMI/SED Monitoring Protocol Template to develop its SMI/SED monitoring protocol, which should describe the state's monitoring plans for the SMI/SED demonstration and be submitted to CMS within 150 days of demonstration approval, as described in the Special Terms and Conditions (STCs). The structure and format of the templates are intended to ensure that information is provided in a standardized manner across states. A state that encounters challenges using the templates should contact its project officer for assistance.

Note: If the state's SMI/SED demonstration is part of a broader demonstration, CMS will work with the state to ensure there is no duplication in the reporting requirements for different components of the demonstration. For example, CMS may work with the state to avoid duplication in selecting metrics within Part A (SMI/SED Monitoring Workbook) and selecting reporting topics within Part B (for example, SMI/SED Demonstrations Operations and Policy, Budget Neutrality, SMI/SED Demonstration and Evaluation Update, Other SMI/SED Demonstration Reporting, and Notable State Achievements and/or Innovations).

The state's SMI/SED monitoring protocol will consist of a monitoring workbook (Part A) and a monitoring reporting template (Part B).

Part A (SMI/SED Monitoring Workbook) is an Excel file with a (1) "Protocol – Planned metrics" tab in which the state will identify the metrics it plans to report and a (2) "Protocol – SMI & SED definitions" tab in which the state will describe the demonstration population and the SMI and SED definitions it will use to calculate the monitoring metrics

1. **"Protocol – Planned metrics" tab.** The template that the state received contains the draft set of CMS-provided SMI/SED metrics. The state should review the CMS-provided metrics listed in the "Protocol – Planned metrics" tab of the SMI/SED Monitoring Workbook and the accompanying CMS-provided metrics technical specifications to be shared with states as soon as available. After reviewing these materials, the state should identify the metrics it plans to report (all required metrics, any recommended metrics, and any additional state-identified metrics), and complete the "Protocol – Planned metrics" tab as follows:

   - **Health IT metrics.** The state is expected to identify metrics to measure progress on its SMI/SED health IT plan. The state should enter the health IT metrics it identifies in the rows in the "Protocol – Planned metrics" tab. For each key health IT question listed below, the state is required either to select at least one metric from the list of sample metrics in Table 1 or to identify its own metrics.

Table 1. Key health IT questions and sample metrics

Key Health Questions	Sample Metrics

1. How is information technology being used to identify individuals with SMI/SED?	• Connecting Behavioral and Mental Health Providers to Health Information Exchange (HIE)
	  ○ Sample Process Measure: Number of Behavioral Health Providers Connected to HIE
	  ○ Sample Process Measure: Number of Inpatient Psychiatric Facilities Connected to HIE
	• Connecting Community-Based Organizations to HIE
	  ○ Sample Process Measure: Number of Community Based Organizations Connected to HIE (i.e. Residential Treatment Facilities, Housing programs)
	• Connecting Primary Care Providers (PCPs) to HIE
	  ○ Sample Process Measure: Number of PCPs connected to HIE
	• Connecting EMS providers to HIE
	  ○ Sample Process Measure: Number of EMS providers connected to HIE
	• Use of technology in screening/assessment
	  ○ Sample Process Measure: Number of providers using structured data capture for screening, intake and/or assessment
	  ○ Sample Process Measure: Number of providers using speech-analysis technology to detect schizophrenia
	• Connecting jails/criminal justice to HIE
	  ○ Sample Process Measure: Number of jails/criminal justice systems connected to HIE

2. How is information technology being used to effectively treat individuals with SMI/SED?	• eReferral/eConsult – closed-loop referral services for consultation and/or follow up services
	  ○ Sample Process Measure: Number of referrals and/or consultations and completed services
	• Access to additional services using Provider/Resource directory - connecting primary care to mental health service offerings
	  ○ Sample Process Measure: Number of providers and resources managed in provider/resource directory; accuracy of information; frequency of information update
	• Consent Management / Inter-Intra State e-Consent capture and use
	  ○ Number of individuals for whom consent to disclose or access information per state policy (both covered and non-covered 42CFR Part 2 and HIPPA) has been obtained and captured.

3. How is information technology being used to effectively monitor recovery supports and services for individuals with SMI/SED?	• Care management/recovery– shared care plan accessibility across care team
	  ○ Sample Process Measure: Creation of statewide functionalities for possible use by care team members (e.g., direct secure messaging for sharing behavioral health treatment data with proper consent).
	• Connecting corrections systems to care delivery systems for incarcerated individual release to community
	  ○ Sample Process Measure: Number of connections live.
	• Individuals connected to community-based resources
	  ○ Sample Process Measure: Number of clinicians with list of community resources that individuals can be referred to in an e-directory.
	  ○ Sample Process Measure: Number of providers and resources on a community list that can be provided to clinicians to SMI treating providers for the purpose of individual referrals in an e-directory.

- **Additional state-identified metrics.** A state that chooses to report on additional metrics beyond those provided by CMS (or those required for health IT reporting) should add rows for each additional state-identified metric to the bottom of the "Protocol—Planned metrics" tab.

- **Standard information on CMS-provided metrics.** The following columns of the "Protocol – Planned metrics" tab contain standard information on CMS-provided metrics:
   - *Number (#)*
   - *Metric name*
   - *Metric description*
   - *Milestone or reporting topic* (milestone number, "Health IT", "other SMI/SED-related metric")
   - *Metric type* (CMS-constructed, established quality measure, or state-identified)
   - *Reporting category* (grievances and appeals, other monthly and quarterly metric, annual metric that is an established quality measure, and other annual metric)
   - *Data source*
   - *Measurement period* (year, quarter, or month)
   - *Reporting frequency* (annually or quarterly)
   - *Reporting priority* (required or recommended)

   Metric type describes whether the metric is CMS-constructed or an established quality measure. This should be used to inform the baseline reporting period for each metric. Reporting category describes the category associated with reporting guidelines for including metrics in monitoring reports. See Appendix A of this document and the 1115 SMI/SED metrics technical specifications for additional guidance.

   Standard information on CMS-provided metrics cannot be altered by the state. However, the state can propose modifications in the column entitled *"Explanation of any deviations from the technical specifications."*

- **Standard information on state-identified metrics.** For state-identified reporting metrics, including health IT-related metrics, the state should populate the following columns according to this guidance:
   - *Reporting priority*: The state should populate this column as "state-identified" for all state-identified metrics except health IT, which are listed as "required."
   - *Number (#)*: The state should number any additional state-identified metric according to the following numbering convention: S1, S2, S3, etc. Please note that the health IT metrics are already numbered Q1, Q2, and Q3 to align with the three key health IT questions.

   The state should populate the remaining columns to provide a level of detail similar to that of the CMS-provided metrics:
   - *Metric description*
   - *Milestone or reporting topic:* The state should populate this column with the milestone or reporting topic associated with the metric (for example, the milestone number, "Health IT", "other SMI/SED-related metric").
   - *Metric type:* The state should populate this column with "state-identified."
   - *Reporting category:* The state should populate this column with the metric's reporting category (for example, grievances and appeals, other monthly and quarterly metric, annual

metric that is an established quality measure, and other annual metric). States should use this classification to inform the reporting schedule for the metric.
- o *Data source*
- o *Measurement period* (year, quarter, or month)
- o *Reporting frequency (annually or quarterly)*

- **Plans to report metrics.** The column *"State will report"* identifies whether the state plans to report each metric. The state should mark Y or N to indicate whether it will include each metric in its reporting.

- **Baseline, demonstration target, and annual goals.** As described in the STCs, for each metric, the state must provide a baseline, a target to be achieved by the end of the demonstration, and an annual goal for closing the gap between baseline and the demonstration target. States should consult the 1115 SMI/SED metrics technical specifications for detailed guidance regarding baseline periods for each metric type. The state should provide this information in columns:
  - o *Baseline reporting period (MM/DD/YY–MM/DD/YY)*
  - o *Annual goal* (increase, consistent, or decrease)
  - o *Overall demonstration target* (increase, consistent, or decrease)

  For metric #19, the state's annual goal should be to decrease the average length of stay in participating psychiatric hospitals and residential settings to achieve an overall demonstration target of no more than 30 days. If a state's average length of stay in IMDs is already less than 30 days, the state should indicate that its goal is to stay consistent with its current average length of stay. For all other metrics, demonstration targets and annual goals can be directional (increase, consistent, or decrease), rather than values, and be benchmarked against performance in best practice settings.

- **Alignment with CMS-provided technical specifications.** The state should attest that planned reporting matches the CMS-provided technical specifications for each CMS-provided metric, using the column named "*Attest that planned reporting matches the CMS-provided specification (Y/N)*." For metrics where reporting does not match the CMS-provided specifications, describe these deviations in the provided column. For example, deviations may include reporting on fewer subpopulations than those outlined in the technical specifications.

- **Initial reporting date.** The state should indicate when reporting will begin for each metric. States should consult the detailed guidance on metrics reporting and calculation in Appendix A to complete the "initial reporting dates" columns in the SMI/SED Monitoring Workbook.
  - o In the column "*Dates covered by first measurement period for metric (MM/DD/YYYY–MM/DD/YYYY)*," the state should note the first measurement period for each metric.
  - o In the column "*Name of first report in which the metric will be submitted*," the state should note the first report in which each metric will appear (for example, DY1 Q3 report).
  - o The state should use the "*Submission date of first report in which the metric will be reported*" column to provide the calendar year dates associated with the demonstration year and the quarter in which the metric will first be reported.
  - o A state that plans to phase in reporting of any metric should complete the column "*State plans to phase in reporting (Y/N)*" and use the "*Explanation of any plans to phase in reporting over time*" column to describe and justify plans to phase in the metric reporting.

  Table 2 provides an example of how to complete these columns. The example state has a demonstration that aligns with a calendar year, and its first demonstration year begins January 1, 2019.

Table 2. Example of completed "initial reporting dates" columns in the SMI/SED Monitoring Workbook, assuming a state with DY1 that aligns with calendar year 2019 (1/1/2019–12/31/2019)

Reporting category	Dates covered by first measurement period for metric (MM/DD/YYYY - MM/DD/YYYY)	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)
Grievances and appeals	1/1/2019 – 3/31/2019	DY1 Q1 report	5/30/2019	N
Other monthly and quarterly metric	1/1/2019 – 3/31/2019	DY1 Q2 report	8/29/2019	N
Annual metrics that are established quality measure[a]	1/1/2019 – 12/31/2019	DY2 Q2 report[b]	8/29/2020	N
Other annual metrics	1/1/2019 – 12/31/2019	DY2 Q1 report	5/30/2020	N

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

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

2. **State-specific SMI & SED definitions.** In the tab named "Protocol – SMI & SED definitions" the state should describe the populations covered by the demonstration and the definitions for SMI and SED it will use to calculate monitoring metrics. State definitions should include a list of diagnosis codes and service requirements. The definitions included in the state's monitoring protocol should not change over the course of the demonstration.

Part B (SMI/SED Monitoring Protocol Template) is a Word document containing five narrative reporting sections:

1. **The Title Page** is a brief form that the state should complete as part of the SMI/SED Monitoring Protocol. The state will submit this form as the title page for all Monitoring Reports. The content of this table should remain consistent over time.

2. **The Proposed Modifications to SMI/SED Narrative Information on Implementation table** is a companion to Part B, Section 3 of the SMI/SED Monitoring Report Template (Narrative Information on Implementation). The state should review the information requested in the SMI/SED Monitoring Report Template Section 3 and identify any modifications it would like to make in its reporting on each topic, including any potential challenges to reporting the requested information. In the Proposed Modifications to SMI/SED Narrative Information on Implementation table in Section 2 of the monitoring protocol template, the state should describe each proposed modification and summarize the reasoning for this modification. The state should then mark the appropriate check box confirming that it will report the narrative information as planned, either with no modifications or with the exception of any modifications described in the table.

3. **Annual Assessment of the Availability of Mental Health Providers reporting.** The state should provide the time period covered by the Annual Assessment of the Availability of Mental Health Providers in its annual monitoring reports.

4. **Acknowledgement of Budget Neutrality reporting.** The Budget Neutrality Workbook will be provided by the state's project officer. To complete Section 3, the state should review the workbook and select the appropriate check box to indicate that it will provide budget neutrality reporting as requested.

5. **Retrospective reporting.** If a state's protocol is approved after its first quarterly monitoring report submission date, the state should report retrospectively for any prior quarters of SMI/SED demonstration implementation. To complete Section 4, the state should review the retrospective reporting instructions in this section of the 1115 SMI/SED Monitoring Protocol Template and select the appropriate check box to indicate that it will report retrospectively as requested, or propose an alternate approach to retrospective reporting.

6. **Reporting SMI/SED demonstration metrics and narrative information.** The state should attest that it has reviewed the guidance on metrics reporting in Appendix A and will report metrics and narrative information in its quarterly and annual reports according to the described schedule. Otherwise, the state should propose deviations from this guidance in the space provided and provide justification for any proposed deviation. The state should complete the table provided to reflect its proposed reporting schedule for the duration of its SMI/SED demonstration approval period.

APPENDIX A:

REPORTING 1115 SMI/SED DEMONSTRATION MONITORING METRICS AND NARRATIVE INFORMATION

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

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

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

- Each quarterly report should contain (1) narrative information on implementation for the most recent demonstration quarter, (2) grievances and appeals metrics for the most recent demonstration quarter, and (3) all other monthly and quarterly metrics for the prior quarter (which allows at least 90 days for claims run-out and other considerations for data completeness).

- To allow for adequate time to implement annual specification updates from measure stewards, annual metrics that are established quality measures should be reported:

    o For states with demonstration years (DYs) that end March 31 through November 30: in the annual report

    o For states with demonstration years that end January 31 or February 28: in the first quarterly report of the next demonstration year

    o For states with demonstration years that end December 31: in the second quarterly report of the next demonstration year

- All other annual metrics should be reported in the first quarterly report of the following demonstration year, rather than in the annual report. This allows at least 90 days for claims run-out and other considerations for data completeness.

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

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

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

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

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

DY = Demonstration year

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

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