

Generic Supporting Statement  
Generic Clearance for Medicaid and CHIP State Plan, Waiver, and Program Submissions  
(CMS-10398, OMB 0938-1148)

Generic Information Collection # 59 (Revision)  
Medicaid Section 1115 Severe Mental Illness and Children with Serious Emotional Disturbance  
Demonstrations

Center for Medicaid and CHIP Services (CMCS)  
Centers for Medicare & Medicaid Services (CMS)

## **A. Background**

The Centers for Medicare & Medicaid Services (CMS) works in partnership with States to implement the Medicaid and the Children’s Health Insurance Program (CHIP). Together these programs provide health coverage to millions of Americans. Medicaid and CHIP are based in Federal statute, associated regulations and policy guidance, and the approved State plan documents that serve as a contract between CMS and States about how Medicaid and CHIP will be operated in that State. CMS works collaboratively with States in the ongoing management of programs and policies, and CMS continues to develop implementing guidance and templates for States to use to elect new options available because of the Affordable Care Act or to comply with new statutory provisions. CMS also continues to work with States through other methods to further the goals of health reform, including program waivers and demonstrations, and other technical assistance initiatives.

Under section 1115(a) of the Social Security Act (the Act), the Secretary of Health and Human Services (“Secretary”) may authorize a state to conduct experimental, pilot, or demonstration projects that, in the judgment of the Secretary, promote the objectives of title XIX of the Act. The Secretary may: (1) under section 1115(a)(1), waive provisions in section 1902 of the Act; and/or (2) under section 1115(a)(2)(A), authorize federal matching funds for state expenditures that would not otherwise be matchable (i.e., expenditure authority) under section 1903 of the Act. Section 1902 of the Act lists what elements the Medicaid state plan must include, such as provisions relating to eligibility, beneficiary protections, benefits and services and cost sharing. Section 1903, “Payments to States,” describes expenditures that may be “matched” with federal title XIX dollars, allowable sources of non-federal share, and managed care requirements.

On November 13, 2018, CMS released State Medicaid Directors (SMD) letter #18-011 announcing opportunities to design innovative service delivery systems for providing community-based services for adults with a serious mental illness (SMI) or children with a serious emotional disturbance (SED) who are receiving medical assistance, as mandated by section 12003 of the 21st Century Cures Act (Cures Act). That Section also mandated that CMS include opportunities for demonstration projects under section 1115(a) of the Act to improve care for adults with SMI and/or children with SED.

Medicaid Section 1115 demonstration monitoring and evaluation Special Terms and Conditions (STC) and the SMD letter make clear that CMS remains committed to ensuring state accountability for the health and well-being of Medicaid enrollees and that monitoring and evaluation are important for understanding the outcomes and impacts of approaches to Medicaid SMI demonstrations. For this purpose, CMS is undertaking efforts to help states monitor the elements of these demonstrations, while giving them the flexibility to adapt to changing conditions in their states. States with approved SMI demonstrations are required to develop implementation and monitoring plans, including monitoring metrics, monitoring protocol, regular monitoring reports describing their implementation progress, and availability assessments.

In addition, the STC for these 1115 demonstrations specify that states are required to submit in their regular monitoring reports, information on milestones and performance measures that they elected to represent key indicators of progress toward meeting the goals for the demonstrations.

Furthermore, to improve the quality and efficiency of the reporting requirements for SMI/SED demonstrations, CMS in conjunction with state advisory groups developed a set of standardized monitoring tools for states to use for their regular reporting. Those tools are included in this collection of information request.

Additionally, CMS also conducts a federal meta-evaluation of the SMI/SED section 1115 demonstrations. CMS awarded the Federal Meta-Analysis Support contract to RTI International in September 2018. The goal of the Meta-Analysis Support contract is to understand the overall effectiveness of the groups of demonstrations with similar features and how variations in state demonstration features and the context in which they are implemented contribute to differences in effectiveness. Under this contract, RTI will work with CMS to conduct a meta-analysis of Medicaid section 1115 SMI demonstrations.

The meta-analyses of the SMI demonstrations will compare experiences of these demonstrations across states and will document and explore variation in state baseline conditions and demonstration design, approach, and implementation to explain differences in outcomes observed across demonstrations. The meta-analyses of the demonstrations will provide CMS and states with a deeper understanding of what levers affect successful outcomes—both implementation and impacts—as well as whether, under what conditions, and how these initiatives would best be replicated in other states.

Meta-analysis incorporates synthesis of data. To support the meta-analyses, RTI is compiling a cross-state database for each group of demonstrations that includes states' applications, implementation and evaluation plans, monitoring reports, and evaluation plans. We will conduct qualitative analysis of primary and secondary data from demonstration states to document demonstration implementation and contextual features that will be used in analyses (see Supporting Statement Part B). Qualitative data will also be used for targeted case studies that take a deep dive into demonstration design and implementation topics that will be identified in consultation with CMS.

As part of the meta-analysis, this 2023 iteration proposes to add virtual interviews with behavioral health providers in states that have approved section 1115 SMI demonstrations. To support this effort, we propose to add the following new collection of information instruments, instruction, and supplemental documents:

Attachment 12.a - IMD and CMHC Stakeholder Interview Introductory Email from CMS to State Medicaid Director

Attachment 12.b - IMD and CMHC Provider Stakeholder Interview Introductory Email from RTI to State Medicaid Director

Attachment 12.c - IMD and CMHC Provider Stakeholder Interview Introductory Email from State Medicaid Director

Attachment 12.d - IMD and CMHC Provider Stakeholder Interview Email Invitation

Attachment 12.e - IMD and CMHC Provider Stakeholder Interview Outlook Invitation

Attachment 12.f - IMD and CMHC Provider Stakeholder Interview Confirmation Email

Attachment 12.g - IMD Interview Protocol with Instructions

Attachment 12.h - CMHC Interview Protocol with Instruction

## Attachment 12.i - IMD and CMHC Provider Stakeholder Interview Thank You Email

The provider interview effort would add a total of 60 responses, 60 hours, and \$5,582 to our currently approved burden estimates.

We also propose to revise the following collection of information instruments and instructions:

Attachment 4 - Implementation Plan Template  
Attachment 5a - Monitoring Report Template  
Attachment 5b - Monitoring Report Workbook  
Attachment 7a - Monitoring Protocol Template  
Attachment 7b - Monitoring Protocol Workbook  
Attachment 8b - Annual Availability Assessment

We are also adding Attachment 8a (Initial Availability Assessment).

### **B. Description of Information Collection**

#### Attachment 4: Implementation Plan (Revision)

The state will submit the Medicaid Section 1115 SMI/SED demonstration Implementation Plan to provide information about implementation of the state's demonstration requirements and to respond to each prompt listed in the tables<sup>1</sup>.

The information in the implementation plan flows down from the state's SMI Special Terms and Conditions (STC). It creates an implementation framework that crosswalks to the all requirement segments of the Medicaid section 1115 SMI/SED demonstration Monitoring Protocol Template.

See section D of this Supporting Statement under *Collection of Information Requirements and Associated Burden Estimates #1* for further information including a discussion of the associated burden estimates.

#### Attachment 5a: Monitoring Report Template (Revision)

The Monitoring Report Template mirrors the Monitoring Protocol Template, and like the Protocol, it is comprised of qualitative and quantitative (metrics) performance information that the state reports to CMS on a quarterly and annual basis. Performance values on the metrics in the approved monitoring protocol are reported in the Monitoring Report Workbook described below.

See section D of this Supporting Statement under *Collection of Information Requirements and Associated Burden Estimates #3* and 5a-5c for further information including a discussion of the associated burden estimates.

#### Attachment 5b: Monitoring Report Workbook (Revision)

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<sup>1</sup> To complete the Implementation Plan, the state will need to reference HIT Plan Instructions (SMI\_SED\_HIT\_Plan\_Instructions.pdf).

The Monitoring Report Workbook is an Excel file that contains a set of metrics for the state's SMI/SED demonstration. For the monitoring report, states will report performance on the CMS-approved metrics on a quarterly or annual basis. The Monitoring Report Workbook also includes the template for the Annual Availability Assessment that the state must submit on an annual basis.

See section D of this Supporting Statement under *Collection of Information Requirements and Associated Burden Estimates #3* and 4 for further information including a discussion of the associated burden estimates.

*Attachment 7a Monitoring Protocol Template (Revision)*

The state will use the Medicaid section 1115 SMI/SED demonstration Monitoring Protocol Template to develop its monitoring protocol for its SMI/SED demonstration. This protocol describes the details of the state's monitoring plans for the SMI/SED demonstration as described in the Special Terms and Conditions (STC). It is comprised of two components – qualitative and quantitative (metrics) reporting plans. The metrics component of the Monitoring Protocol is described below under Monitoring Protocol Workbook.

The Medicaid Section 1115 SMI/SED demonstration Monitoring Protocol Template helps the state specify the methods of data collection and timeframes for reporting on the state's progress on required measures and milestones. In addition, the Medicaid section 1115 SMI/SED demonstration Monitoring Protocol Template helps states identify the demonstration baseline and performance targets to be achieved by the end of the demonstration.

See section D of this Supporting Statement under *Collection of Information Requirements and Associated Burden Estimates #2* for further information including a discussion of the associated burden estimates.

*Attachment 7b: Monitoring Protocol Workbook (Revision)*

The Monitoring Protocol Workbook is an Excel file which contains a set of SMI/SED metrics, which align with the milestones in SMDL #18-011. The state will review the metrics listed in Monitoring Protocol Workbook and the accompanying metrics technical specifications, and use the template to identify the metrics it plans to report, including any additional state-identified metrics. The state also identifies annual goals and targets, as well as any deviations from CMS technical specifications.

See section D of this Supporting Statement under *Collection of Information Requirements and Associated Burden Estimates #2* for further information including a discussion of the associated burden estimates.

*Attachment 8a: Initial Availability Assessment (New)*

The purpose of the Medicaid section 1115 SMI/SED demonstration Initial Availability Assessment template is intended to help states meet the requirements outlined in the SMDL #18-

011 to provide annual assessments of the availability of mental health services throughout the state. In addition, the purpose of the assessment of the availability of mental health services is to help CMS understand and gather data on the state's SMI/SED population and the services available to them. The assessment will allow CMS and the state to monitor how the state's available mental health services evolve over the duration of the demonstration.

The availability assessment is completed with the implementation plan and is updated every year in the Monitoring Report Workbook and submitted to CMS with the annual monitoring reports.

See section D of this Supporting Statement under *Collection of Information Requirements and Associated Burden Estimates #5* for further information including a discussion of the associated burden estimates.

*Attachment 8b: Annual Availability Assessment (Revised)*

Made the Annual Availability Assessment a standalone monitoring tool (previously, the tabs in this assessment were part of the monitoring report workbook)

See section D of this Supporting Statement under *Collection of Information Requirements and Associated Burden Estimates #5* for further information including a discussion of the associated burden estimates.

*Attachments 11a – 11g: State Interviews (No Changes)*

Qualitative data collection will include virtual interviews with leaders in the state Medicaid Agency and/or the single state agency for behavioral health in the states that have approved section 1115 SMI demonstrations.

The first round of interviews will include discussions on demonstration characteristics and implementation (Sections B.1). We will conduct the interview with the state Medicaid director or their designated staff and the director of the single state agency for behavioral health, or their designated staff. A protocol was created for the interview.

Information from the interviews will be incorporated in Rapid Cycle Reports (RCRs) on the SMI demonstrations that RTI will prepare for CMS. These reports are targeted case studies of selected demonstration design and implementation topics. Qualitative case comparison was used to explore potential causal pathways between demonstration features and demonstration implementation effectiveness and outcomes. The Summative Evaluation Report for the SMI demonstrations will incorporate data collected from the two sets of interviews in addition to other data analyses. This report will summarize the demonstrations' accomplishments, challenges, lessons learned, findings and conclusions, and recommendations where applicable.

See section D of this Supporting Statement under *Collection of Information Requirements and Associated Burden Estimates #11a – 11g* for further information including a discussion of the associated burden estimates.

Attachments 12a – 12i: Behavioral Health Interviews (New)

A second round of qualitative interviews will include discussions with behavioral health providers, specifically IMDs and community mental health centers (CMHCs), to learn how they are providing behavioral health care to Medicaid beneficiaries under the demonstration.

Information from the interviews will be incorporated in Rapid Cycle Reports (RCRs) on the SMI demonstrations that RTI will prepare for CMS. These reports are targeted case studies of selected demonstration design and implementation topics. Qualitative case comparison was used to explore potential causal pathways between demonstration features and demonstration implementation effectiveness and outcomes. The Summative Evaluation Report for the SMI demonstrations will incorporate data collected from the two sets of interviews in addition to other data analyses. This report will summarize the demonstrations’ accomplishments, challenges, lessons learned, findings and conclusions, and recommendations where applicable.

See section D of this Supporting Statement under *Collection of Information Requirements and Associated Burden Estimates #12a – 12i* for further information including a discussion of the associated burden estimates.

**C. Deviations from Generic Request**

There are no deviations from the overriding generic umbrella’s collection of information request.

**D. Burden Hour Deduction**

*Wage Estimates*

To derive average costs, we are using data from the U.S. Bureau of Labor Statistics’ May 2022 National Occupational Employment and Wage Estimates for all salary estimates ([http://www.bls.gov/oes/current/oes\\_nat.htm](http://www.bls.gov/oes/current/oes_nat.htm)). In this regard, the following table presents the BLS’ mean hourly wage, our estimated cost of fringe benefits and other indirect costs (calculated at 100 percent of salary), and our adjusted hourly wage.

Occupation Title	Occupation Code	Mean Hourly Wage (\$/hr)	Fringe Benefits and Other Indirect Costs (\$/hr)	Adjusted Hourly Wage (\$/hr)
Computer Programmer	15-1251	49.42	49.42	98.84
Health Services Manager	11-9111	61.53	61.53	123.06
Healthcare Practitioners and Technical Occupations	29-0000	46.52	46.52	93.04
Social and Community Managers	11-9151	38.13	38.13	76.26

As indicated, we are adjusting our employee hourly wage estimates by a factor of 100 percent. This is necessarily a rough adjustment, both because fringe benefits and other indirect costs vary significantly from employer to employer, and because methods of estimating these costs vary widely from study to study. Nonetheless, we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

## *Collection of Information Requirements and Associated Burden Estimates*

Currently, there are 11 states with an approved Medicaid Section SMI demonstration for reporting, however, we anticipate this number to expand somewhat, so for the purpose of calculating burden we are estimating 15 states.

### 1. Attachments 1 - 3: PMDA and Instruction Videos (No Changes)

We expect states to submit via PMDA their respective Medicaid Section 1115 SMI implementation plan, monitoring protocol, quarterly and annual reports (here forward referred to as 'monitoring documents' and the current availability assessment reports. The 4<sup>th</sup> quarter report may be included in the annual report. We expect to maintain the same number of reports.

No statistical methods are employed in information collection and in addition, the quarterly and annual reporting data fields are not duplicating any other collections.

We expect the time for each state to complete the submission of the Medicaid Section 1115 SMI monitoring documents via PMDA to be the same or similar to the time it takes today for states to submit other deliverables and each state may approximately spend 3 to 5 minutes per submission.

Each state/territory with an approved Medicaid Section 1115 SMI/SED demonstration will be required to complete and submit via PMDA the monitoring documents established by CMS, aimed to support more efficient, timely and accurate review of states' Medicaid Section 1115 SMI/SED demonstrations monitoring documents submissions. The burden is associated with submitting the Medicaid Section 1115 SMI monitoring report protocol/templates/and metrics provided to states/territories by CMS to assist in this effort, as well as the burden related to states viewing as necessary any instructions.

As mentioned above, each demonstration is estimated to need approximately 3 to 5 minutes per submission quarterly/annually at \$123.06/hr for a Health Services Manager to submit via PMDA the necessary Medicaid Section 1115 SMI implementation plan and monitoring documents. The burden is subsumed within the preceding estimates for the Medicaid Section 1115 SMI/SED Monitoring Protocol Template, the Medicaid Section 1115 SMI/SED Demonstration Monitoring Report Template, the Medicaid Section 1115 SMI/SED Monitoring Workbook/Planned Metrics, the Medicaid Section 1115 SMI/SED Current Availability Assessment along with the time (20 min) to review the "instructions" and watch the respective videos.

See Videos 1 (Overview of the Standardized Monitoring Report Process), 2 (Populating and Submitting Monitoring Templates), and 3 (Downloading 1115 Monitoring Report Templates).

### 2. Attachment 4: Implementation Plan (Revisions)

The Implementation Plan consists of a one-time submission for year-one of the demonstration.



The Implementation Plan would be developed by a health services manager and a computer programmer. We estimate it would take a total of 20 hours (per state) to complete one response. This would consist of 8 hours at \$98.84/hr for a computer programmer to review technical specifications and 12 hours at \$123.06/hr for a health services manager to: complete the metrics workbook (4 hr), the narrative portion by reviewing the monitoring report template and budget neutrality materials for attestations (4 hr), QA the monitoring protocol (4 hr) and submit the implementation plan to the Performances Metrics and Database Analytics (PMDA) system. PMDA is the system of record for deliverables associated with section 1115 demonstrations.

In aggregate, we estimate a burden of 300 hours (15 states x 20 hr) at a cost of \$34,012 ([8 hr x \$98.84/hr x 15 states] + [12 hr x \$123.06/hr x 15 states]).

### 3. Attachment 5a: Monitoring Report Template (Revision)

We aimed to streamline reporting by allowing states to check a box if it has no updates/changes to report. We assumed that for approximately 1/4 of the reports, the average state would elect not to report updates.

For the annual report, we estimate it would take 12 hours at \$123.06/hr for a health services manager to prepare and submit the report per state per demonstration year. In aggregate, we estimate an annual report burden of 180 hours (1 report x 12 hr x 15 states) at a cost of \$22,151 (150 hr x \$123.06/hr). This also includes time to submit the template to PMDA.

For each quarterly report, we estimate it would take 8 hours at \$123.06/hr for a health services manager to prepare and submit each report per state per demonstration year. In aggregate, we estimate a quarterly report burden of 360 hours (3 reports x 8 hr x 15 states) at a cost of \$44,302 (315 hr x \$123.06/hr).

Consequently, we estimate a total burden of 540 hours (180 hr + 360 hr) at a cost of \$66,453 (\$22,151 + \$44,302).

See Attachments 5a (Monitoring Report Template), 5b (Monitoring Report Workbook), and 5c (Monitoring Report Instructions).

### 4. Attachment 5b: Monitoring Workbook/Planned Metrics (Revised)

Outside of the 4 hours burden estimated for the monitoring protocol portion of the metrics workbook, we assume a computer programmer will calculate the metrics and populate the metrics template. Groups of metrics will be calculated simultaneously, rather than sequentially. Initial calculations require an upfront investment, but recalculations for subsequent reports will require significantly less time.

- Low LOE metrics (for 17 metrics total: 10 annual metrics, 4 quarterly metrics, and 3 health IT metrics):
  - 24 hours for initial report per state for the 1<sup>st</sup> year of the demonstration only (assume it's annual and includes all metrics)
  - 8 hours for each subsequent annual report per state

- o 4 hours for each subsequent quarterly report per state
- Medium LOE metrics (14 metrics total: 8 annual metrics, 6 quarterly metrics):
  - o 48 hours for initial report per state for the 1<sup>st</sup> year of the demonstration only (assume it's annual and includes all metrics)
  - o 20 hours for each subsequent annual report per state
  - o 8 hours for each subsequent quarterly report
- High LOE metrics (4 annual metrics):
  - o 56 hours for initial report per state 1<sup>st</sup> year of the demonstration only (assume it's annual and includes all metrics)
  - o 4 hours for each subsequent annual report per state
  - o 0 hours for each subsequent quarterly report per state.

Demonstration Year 1

<b>Initial Report</b>	<b>Quarterly Reports</b>
24 hr (low)	4 hr (low)
48 hr (medium)	8 hr (medium)
<u>+ 56 hr (high)</u>	<u>+ 0 hr (high)</u>
128 hr	12 hr
<u>x 1 report</u>	<u>x 3 reports</u>
128 hr	36 hr

For Year 1 we estimate a total burden of 2,460 hours [(128 hr + 36 hr) x 15 states] at a cost of \$243,146 (2,460 hr x \$98.84/hr for a computer programmer). This also includes time to submit to PMDA.

Subsequent Years

<b>Annual Report</b>	<b>Quarterly Reports</b>
8 hr (low)	4 hr (low)
20 hr (medium)	8 hr (medium)
<u>+ 4 hr (high)</u>	<u>+ 0 hr (high)</u>
32 hr	12 hr
<u>x 1 report</u>	<u>x 3 reports</u>
32 hr	36 hr

For Subsequent Years we estimate a total burden of 1,020 hours [(32 hr + 36 hr) x 15 states] at a cost of \$100,817 (1,020 hr x \$98.84/hr for a computer programmer).

The Metrics Template becomes the Metric Workbook after states enter respective data and submit it to CMS. Therefore, we don't expect any additional burden association with the Workbook.

See Attachment 5b (monitoring report workbook planned metrics).

5. Attachments 7a – 7c: Monitoring Protocol Template (Revision)

Monitoring protocol consists of a one-time submission for year-one of the demonstration. The protocol would be developed by a health services manager and a computer programmer:

We estimate it would take a total of 14 hours (per state) at \$123.06/hr for a health services manager to: complete the implementation plan template (8 hr) and compile relevant documents (4 hr), QA the implementation plan (2 hr) and submit the implementation plan to PMDA.

In aggregate, we estimate a burden of 210 hours (15 states x 14 hr) at a cost of \$25,843 (210 hr x \$123.06/hr).

See Attachments 7a (Monitoring Protocol Template), 7b (Monitoring Protocol Workbook), and 7c (Monitoring Protocol Instructions).

#### 6. Attachments 8a and 8b: Availability Assessment

This assessment is submitted once a year along with the annual reports.

##### Year 1 - Attachment 8a: Initial Availability Assessment (New)

We estimate it would take 20 hours (per state) at \$123.06/hr for a health services manager to complete the availability assessment and submit to PMDA. In aggregate, we estimate a burden of 300 hours (15 states x 20 hr) at a cost of \$36,918 (300 hr x \$123.06/hr).

##### Subsequent Years - Attachment 8b: Annual Availability Assessment (Revised)

We estimate it would take 8 hours per state, in view that states will know where to collect all the necessary data for the assessment. In aggregate, we estimate a burden of 120 hours (15 states x 8 hr) at a cost of \$14,767 (120 hr x \$123.06/hr).

#### 7. Attachments 11a – 11g: SMI/SED Demonstration Implementation Interview (No Changes)

RTI intends to interview up to 15 Medicaid directors, or their state staff. CMS will send an introductory email, prepared by RTI, to the Medicaid director in the SMI demonstration states requesting the state's participation in the interview (Attachment 11.a.). While participation in the interview is voluntary, states that receive a section 1115 demonstration are expected to cooperate with CMS's federal independent evaluator, as noted in each state's special terms and conditions of the section 1115 demonstration award. Recognizing that states are facing a COVID-19 health crisis, RTI will provide ample notice and flexibility for states to respond to requests for interviews. After CMS emails the participating states, RTI will send a follow-up email to request for a 60-minute virtual interview. (Attachment 11.b).

Once RTI and the state agree upon an interview time, RTI will send an interview confirmation email to the respondents (Attachment 11.c.) and a Microsoft Outlook meeting invitation (Attachment 11.d). The email and invitation will include: 1) the agreed upon date and time, 2) Zoom meeting call-in information and instructions on how to join by telephone or computer, and

3) contact information for the project director and interviewer. RTI will also send a reminder email to the interviewee two days prior to the interview call (Attachment 11.e.). The interview will be conducted using the interview protocol developed by RTI (Attachment 11.f). Following the interview, RTI will send a thank you email to the participants (Attachment 11.g).

As of March 2023, 11 states have an approved SMI/SED demonstration. To date, 9 state interviews have been conducted. We anticipate conducting up to 6 more interviews (15 total interviews – 9 completed interviews).

These interviews will be conducted with state Medicaid directors and single state mental health agency directors, or their designees, and will be 60 minutes in duration. This is a one-time data collection activity for each approved state, and we anticipate the amount of time associated with this data collection activity to be 1.0 hour per person for up to 2 people per state. In aggregate we estimate a burden of 12 hours (1 hr/response x 6 states x 2 responses/state) at a cost of \$915 (12 hr x \$76.26/hr).

See Attachments 11a – 11g (Documents associated with the SMI/SED Demonstration Implementation Interview).

8. Attachments 12a – 12i: SMI/SED Demonstration Provider Interviews (New)

RTI plans to interview 2 types of providers (IMDs and CMHCs) in all states with an approved SMI/SED and any newly approved demonstration. RTI expects to interview 1-2 people from an IMD per demonstration state and 1-2 people from a CMHC per demonstration state. Therefore, RTI expects to interview up to 30 IMD administrators (15 providers x 2 interviews), or their designated staff, as well as up to 30 CMHC administrators (15 providers x 2 interviews), or their designated staff. The interviews will take up to 60 minutes at \$93.04/hr. This is a one-time data collection activity for each approved state. In aggregate, we estimate a one-time burden of 60 hours (60 interviews x 1 hr/interview) at a cost of \$5,582 (60 hr x \$93.04/hr).

See Attachments 12a – 12i (Documents Associated with the SMI/SED Demonstration IMD and CMHC Interviews).

*Summary of Collection of Information Requirements and Burden Estimates*

<b>Requirement</b>	<b>No. Respondents</b>	<b>Total Responses</b>	<b>Time per Responses (hours)</b>	<b>Total Annual Time (hours)</b>	<b>Labor Cost (\$/hr)</b>	<b>Total Annual Cost (\$)</b>
Implementation Plan Attachment 4	15	15	20	300	Varies	34,012

<b>Requirement</b>	<b>No. Respondents</b>	<b>Total Responses</b>	<b>Time per Responses (hours)</b>	<b>Total Annual Time (hours)</b>	<b>Labor Cost (\$/hr)</b>	<b>Total Annual Cost (\$)</b>
Monitoring Report Template (Annual) Attachment 5a	15	15	12	180	123.06	22,151
Monitoring Report Template (Quarterly) Attachment 5a	15	45	8	360	123.06	44,302
Monitoring Metrics Workbook (Year 1) Attachment 5b	15	15	164	2,460	98.84	243,146
Monitoring Metrics Workbook (Subsequent Years) Attachment 5b	15	45	68	1,020	98.84	100,817
Monitoring Protocol Attachment 7a	15	15	14	210	123.06	25,843
Availability Assessment (Annual -Year 1) Attachment 8a	15	15	20	300	123.06	36,918
Availability Assessment (Subsequent Years) Attachment 8b	15	45	8	120	123.06	14,767
Implementation Interview Attachments 11a – 11g	6	12	1	12	76.26	915

Requirement	No. Respondents	Total Responses	Time per Responses (hours)	Total Annual Time (hours)	Labor Cost (\$/hr)	Total Annual Cost (\$)
SMI/SED Provider Interview	30	60	1	60	93.04	5,582
Attachments 12a – 12i						
<b>TOTAL</b>	<b>45 (15 states + 30 providers)</b>	<b>282</b>	<b>Varies</b>	<b>5,022</b>	<b>Varies</b>	<b>528,453</b>

While we estimate a burden of 282 responses, 5,022 hours, and \$528,453, this is a revised collection of information request that already has active burden estimates (burden that is currently approved by OMB) as indicated in the following table. To avoid the duplication of burden we are seeking approval of the difference, namely: 168 responses, 1,708 hours, and \$200,712.

Version of Information Collection Request	No. Respondents	Total Responses	Total Annual Time (hours)	Total Annual Cost (\$)
Active (Currently Approved)	10	114	3,314	327,741
Proposed	75	282	5,022	528,453
<b>DIFFERENCE</b>	<b>+65</b>	<b>+168</b>	<b>+1,708</b>	<b>+200,712</b>

#### *Information Collection Instruments and Instruction/Guidance Documents*

##### Attachments (In Numerical Order)

- 1 - Video: Overview of the Standardized Monitoring Report Process (8:59 minutes) (No changes)
- 2 - Video: Populating and Submitting Monitoring Templates (8:24 minutes) (No changes)
- 3 - Video: Downloading 1115 Monitoring Report Templates (3:31 minutes) (No changes)
- 4 - Implementation Plan Template (Revised)

##### Summary of Changes:

- Included additional information on the definition of a state’s SMI/SED demonstration implementation date
- Added language to clarify that in the IPT tables that request information on specific settings, states need only provide information on settings for which they have been approved to claim federal financial participation (FFP)
- Added instructions to clarify that states with approval to claim FFP for services provided in qualified residential treatment programs (QRTPs) that are Institutions for Mental Disease (IMDs) should address these programs in Section 2 of the IPT ("Required implementation information") under Milestones 1 and 2 ("Ensuring Quality of Care in

Psychiatric Hospitals and Residential Settings” and “Improving Care Coordination and Transitioning to Community-Based Care,” respectively)

- The changes have no impact on our active burden estimates.

#### 5a - Monitoring Report Template (Revised)

Summary of Template Changes:

- Included additional information on the definition of a state’s SMI/SED demonstration implementation date
- Included an additional row for the state to provide updates on beneficiary satisfaction surveys, as well as grievances and appeals
- The changes have no impact on our active burden estimates.

#### 5b - Monitoring Report Workbook (Revised)

Summary of Template Changes:

- Made minor formatting changes, such as clarifying column, row, and tab names, adding/removing rows and columns, adding footnotes, and adding standard drop-down options for certain columns
- Removed tab for the Annual Availability Assessment and split the workbooks into “Monitoring Report Workbook” and “Annual Availability Assessment”
- Removed references to SMI/SED Metrics #3, 5, 27, and 28
- Unlocked the workbook to allow the state to hide rows and columns, copy and paste full rows or columns of data, and add columns or rows to facilitate that state’s reporting of SMI/SED demonstration monitoring data
- The changes have no impact on our active burden estimates.

#### 5c - Monitoring Report Instructions (No Changes)

#### 6 - Monitoring Metrics Technical Specifications (No Changes)

#### 7a - Monitoring Protocol Template (Revised)

Summary of Changes:

- Included additional information on the definition of a state’s SMI/SED demonstration implementation date
- Included an additional row for the state to provide updates on beneficiary satisfaction surveys, as well as grievances and appeals
- The changes have no impact on our active burden estimates.

#### 7b - Monitoring Protocol Workbook (Revised)

Summary of Changes:

- Made minor formatting changes, such as clarifying column, row, and tab names, adding/removing rows and columns, adding footnotes, and adding standard drop-down options for certain columns

- Unlocked the workbook to allow the state to hide rows and columns, copy and paste full rows or columns of data, and add columns or rows to facilitate that state’s reporting of SMI/SED demonstration monitoring data
- Updated metric names and descriptions to align with Version 4.0 of the SMI/SED technical specifications manual
- Removed references to SMI/SED Metric #3 (All-Cause Emergency Department [ED] Utilization Rate for Medicaid Beneficiaries who may Benefit From Integrated Physical and Behavioral Health Care [PMH-20], SMI/SED Metric #5 (Medication Reconciliation Upon Admission), SMI/SED Metric #27 (Tobacco Use Screening and Follow-up for People with Serious Mental Illness or Alcohol or Other Drug Dependence), and SMI/SED Metric #28 (Alcohol Screening and Follow-up for People with Serious Mental Illness)
- Added instructions to the “planned subpopulations” tab for any state approved to claim FFP for services provided in QRTPs that are IMDs
- The changes have no impact on our active burden estimates.

7c - Monitoring Protocol Instructions (No Changes)

8a. - Initial Availability Assessment (New)

8b. - Annual Availability Assessment (Revised)

Summary of Changes:

- Made the Annual Availability Assessment a standalone monitoring tool (previously, the tabs in this assessment were part of the monitoring report workbook)
- Added a keyboard shortcut for running the “add row” macro included in the “Availability Assessment” tab
- Made minor changes to the instructions to facilitate accurate reporting
- Added a new section for states to report the number of QRTPs that qualify as IMDs in the “SMI – SED Avail Assessment” tab and added the definition of “Qualified residential treatment program (QRTP)” to the “SMI – SED Definitions” tab
- The changes have no impact on our active burden estimates.

9. - HIT Plan Instructions (No Changes)

10 - State Medicaid Directors letter (SMDL) #18-011 (No Changes)

The following documents (11a – 11g) are associated with the SMI/SED Demonstration Implementation Interview (No Changes):

11a - SMI/SED Demonstration Implementation Interview Introductory Email from CMS to State Medicaid Director and Single State Mental Health Agency Director

CMS will send an email, prepared by RTI, to the Medicaid directors and directors of the single state agency for mental health to introduce RTI and request the state’s participation in this data collection.



11b - SMI/SED Demonstration Implementation Interview Email Invitation

RTI will send an interview invitation via email and schedule a 60-minute interview with respondents.

11c - SMI/SED Demonstration Implementation Interview Confirmation Email

This email will be sent immediately upon scheduling a date and time for the interview, thanking the respondent for agreeing to be interviewed and providing instructions for connecting to the interview using telephone and/or Zoom videoconferencing technology.

11d - SMI/SED Demonstration Implementation Interview Outlook Invitation

RTI will send an interview invitation after receiving a date and time from the respondent. The invitation includes the agreed upon date and time of the interviews, instructions on how to join the call using a telephone or computer, and the Zoom conference call information.

11e - SMI/SED Demonstration Implementation Interview Reminder Email

A reminder email will be sent to the interviewee prior to the interview call.

11f - SMI/SED Demonstration Implementation Interview Protocol with Instructions

The Interview protocol starts with an introduction that informs the interviewee that participation in the interview is voluntary and confidential and the participant can refuse to respond to questions they do not want to answer. It also requests permission to record the call. Interviewer's instructions, prompts, and indications of important questions are indicated in this document.

11g - SMI/SED Demonstration Implementation Interview Thank You Email – A thank you email will be sent to the interviewee following the interview call.

The following documents (12a – 12i) are associated with the SMI/SED Demonstration IMD and CMHC Interviews (New):

12a - IMD and CMHC Stakeholder Interview Introductory Email from CMS to State Medicaid Director

CMS will send an email, prepared by RTI, to the Medicaid directors in 20 states with a SMI/SED demonstration to introduce RTI and request the state's help providing a warm hand-off to IMD and CMHC provider stakeholders (IMD and CMHC leadership).

12b - IMD and CMHC Provider Stakeholder Interview Introductory Email from RTI to State Medicaid Director

RTI will send a follow up email to Medicaid directors in 20 states with a SMI/SED demonstration to request the state's help identifying one IMD and one CMHC and provide a warm hand-off to the IMD and CMHC provider stakeholders identified. The email will also provide selection criteria for IMD and CMHC providers.

#### 12c - IMD and CMHC Provider Stakeholder Interview Introductory Email from State Medicaid Director

The State Medicaid Director will send an email, prepared by RTI, to the IMD and CMHC provider stakeholders in 20 states with a SMI/SED demonstration to introduce RTI and request the stakeholder's participation in this data collection.

#### 12d - IMD and CMHC Provider Stakeholder Interview Email Invitation

RTI will send an interview invitation via email and schedule a 60-minute interview with respondents.

#### 12e - IMD and CMHC Provider Stakeholder Interview Outlook Invitation

RTI will send an interview invitation after receiving a date and time from the respondent. The invitation includes the agreed upon date and time of the interviews, instructions on how to join the call using a telephone or computer, and the Zoom conference call information.

#### 12f - IMD and CMHC Provider Stakeholder Interview Confirmation Email

This email will be sent immediately upon scheduling a date and time for the interview, thanking the respondent for agreeing to be interviewed and providing instructions for connecting to the interview using telephone and/or Zoom videoconferencing technology.

#### 12g - IMD Interview Protocol with Instructions

The Interview protocol starts with an introduction that informs the interviewee that participation in the interview is voluntary and confidential and the participant can refuse to respond to questions they do not want to answer. It also requests permission to record the call. Interviewer's instructions, prompts, and indications of important questions are indicated in this document.

#### 12h - CMHC Interview Protocol with Instruction

The Interview protocol starts with an introduction that informs the interviewee that participation in the interview is voluntary and confidential and the participant can refuse to respond to questions they do not want to answer. It also requests permission to record the call. Interviewer's instructions, prompts, and indications of important questions are indicated in this document.

#### 12i - IMD and CMHC Provider Stakeholder Interview Thank You Email

A thank you email will be sent to the interviewee following the interview call.

## **E. Timeline**

### *Federal Register*

Our 14-day notice published in the Federal Register on May 4, 2023 (88 FR 28554). One comment was received and is attached to this collection of information request along with our response. In sum, we are not taking any action as a result of the comment since it is outside the scope of this collection of information request.

### Timeline for Approval

As the Federal Meta-Evaluation contract ends in September 2023, CMS requests OMB's approval as soon as possible but no later than June 12 so we can conduct this collection's interviews this summer.