Section 1115 SMI/SED Demonstration Implementation Plan

Overview: The implementation plan documents the state's approach to implementing SMI/SED demonstrations. It also helps establish what information the state will report in its quarterly and annual monitoring reports. The implementation plan does not usurp or replace standard CMS approval processes, such as advance planning documents, verification plans, or state plan amendments.

This template only covers SMI/SED demonstrations. The template has three sections. Section 1 is the uniform title page. Section 2 contains implementation questions that states should answer. The questions are organized around six SMI/SED reporting topics:

1. Milestone 1: Ensuring Quality of Care in Psychiatric Hospitals and Residential Settings
2. Milestone 2: Improving Care Coordination and Transitioning to Community-Based Care
3. Milestone 3: Increasing Access to Continuum of Care, Including Crisis Stabilization Services
4. Milestone 4: Earlier Identification and Engagement in Treatment, Including Through Increased Integration
5. Financing Plan
6. Health IT Plan

State may submit additional supporting documents in Section 3.

Implementation Plan Instructions: This implementation plan should contain information detailing state strategies for meeting, over the course of the demonstration, the specific expectations for each of the milestones included in the State Medicaid Director Letter (SMDL) on "Opportunities to Design Innovative Service Delivery Systems for Adults with a Serious Mental Illness or Children with a Serious Emotional Disturbance."[1] Specifically, this implementation plan should:

1. Include summaries of how the state already meets any expectation/specific activities related to each milestone and any actions needed to be completed by the state to meet all of the expectations for each milestone, including the persons or entities responsible for completing these actions; and
2. Describe the timelines and activities the state will undertake to achieve the milestones.

The tables below are intended to help states organize the information needed to demonstrate they are addressing the milestones described in the SMDL. Where these tables request information on specific settings, states need only provide information on settings for which they have been approved to claim federal financial participation (FFP). States are encouraged to consider the

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[1] This SMDL (#18-011) is available in full here: https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/smd18011.pdf.

evidence-based models of care and best practice activities described in the first part of the SMDL in developing their demonstrations.

> *Note specifically for state Medicaid programs that intend to claim FFP for services provided in Qualified Residential Treatment Programs (QRTPs) that are Medicaid Institutions for Mental Diseases (IMDs):* States that have received approval to do this should address these programs in Section 2 of this implementation plan ("Required implementation information") under Milestones 1 and 2, wherever "residential settings" are referenced.[2]   If addressing these programs in Section 2, the state should focus specifically on QRTPs that are IMDs rather than all QRTPs.

The state may not claim FFP for services provided to Medicaid beneficiaries residing in IMDs, including residential treatment facilities, until CMS has approved a state's implementation plan.

Memorandum of Understanding: The state Medicaid agency should enter into a Memorandum of Understanding (MOU) or another formal agreement with its State Mental Health Authority, if one does not already exist, to delineate how these agencies will work with together to design, deliver, and monitor services for beneficiaries with SMI or SED. This MOU should be included as an attachment to this Implementation Plan.

State Point of Contact: Please provide the contact information for the state's point of contact for the implementation plan.

Name and Title:
Telephone Number:
Email Address:

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[2] See "Qualified Residential Treatment Program (QRTP) Reimbursement: Family First Prevention Services Act (FFPSA) Requirements Q&A." Available at
https://www.medicaid.gov/federal-policy-guidance/downloads/faq101921.pdf.

1. Title page for the state's SMI/SED demonstration or SMI/SED components of the broader demonstration

The state should complete this transmittal title page as a cover page when submitting its implementation plan.

State	*Enter state name.*
Demonstration name	*Enter full demonstration name as listed in the demonstration approval letter.*
Approval date	*Enter approval date of the demonstration as listed in the demonstration approval letter.*
Approval period	*Enter the entire approval period for the demonstration, including a start date and an end date.*
Implementation date	*Enter implementation date(s) for the demonstration.*

2. Required implementation information, by SMI/SED milestone

Answer the following questions about implementation of the state's SMI/SED demonstration. States should respond to each prompt listed in the tables. Note any actions that involve coordination or input from other organizations (government or non-government entities). Place "NA" in the summary cell if a prompt does not pertain to the state's demonstration. Answers are meant to provide details beyond the information provided in the state's special terms and conditions. Answers should be concise, but provide enough information to fully answer the question.

This template only includes SMI/SED policies.

Prompts	Summary
SMI/SED. Topic_1. Milestone 1: Ensuring Quality of Care in Psychiatric Hospitals and Residential Settings	
To ensure that beneficiaries receive high quality care in hospitals and residential settings, it is important to establish and maintain appropriate standards for these treatment settings through licensure and accreditation, monitoring and oversight processes, and program integrity requirements and processes. Individuals with SMI often have co-morbid physical health conditions and substance use disorders (SUDs) and should be screened and receive treatment for commonly co-occurring conditions particularly while residing in a treatment setting. Commonly co-occurring conditions can be very serious, including hypertension, diabetes, and substance use disorders, and can also interfere with effective treatment for their mental health condition. They should also be screened for suicide risk. *To meet this milestone, state Medicaid programs should take the following actions to ensure good quality of care in psychiatric hospitals and residential treatment settings.* *In addition to other types of residential settings, please note that the term "residential settings" includes Qualified Residential Treatment Programs (QRTPs) that are IMDs.[3] State Medicaid programs that intend to claim FFP for services provided in QRTPs that are IMDs should specifically address these programs in all rows related to Milestone 1 that reference "residential settings." State Medicaid programs that intend to claim FFP for these services should focus on addressing only those QRTPs that are IMDs rather than all QRTPs.*	
Ensuring Quality of Care in Psychiatric Hospitals and Residential Treatment Settings	
1.a Assurance that participating hospitals and residential settings (including, if applicable, QRTPs that are IMDs) are licensed or otherwise authorized by the state primarily to provide mental health treatment; and that residential treatment facilities are	*Current Status: Provide information on current state policies and requirements for ensuring quality of care in psychiatric hospitals and residential settings.*

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[3] See "Qualified Residential Treatment Program (QRTP) Reimbursement: Family First Prevention Services Act (FFPSA) Requirements Q&A." Available at https://www.medicaid.gov/federal-policy-guidance/downloads/faq101921.pdf.

Prompts	Summary
accredited by a nationally recognized accreditation entity prior to participating in Medicaid	*Future Status: Describe planned activities to address milestone not already met and any other plans for enhanced quality assurance policies for inpatient and residential treatment settings.*
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action.
1.b Oversight process (including unannounced visits) to ensure participating hospital and residential settings (including, if applicable, QRTPs that are IMDs) meet state's licensing or certification and accreditation requirements	*Current Status: Provide information on current state policies and requirements for ensuring quality of care in psychiatric hospitals and residential settings.*
	Future Status: Describe planned activities to address milestone not already met and any other plans for enhanced quality assurance policies for inpatient and residential treatment settings.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action.
1.c Utilization review process to ensure beneficiaries have access to the appropriate levels and types of care and to provide oversight on lengths of stay (including, if applicable, a transition plan for children residing in QRTPs that are IMDs)	*Current Status: Provide information on current state policies and requirements for ensuring quality of care in psychiatric hospitals and residential settings.* *Any state Medicaid program that intends to claim FFP for services provided in QRTPs that are IMDs should include in its response a transition plan, including key milestones and timeframes, for transitioning children out of QRTPs that are IMDs. This plan may outline how the state intends to transition all children out of QRTPs that are IMDs to ensure appropriate care in other (non-IMD) settings. Alternatively, if the state intends to allow ongoing use of QRTPs that are IMDs by Medicaid-eligible children, its transition plan should note how it will fund services provided in QRTPs that are IMDs without the use of FFP. In either case, the state's transition plan should take into account the up-to-two-year period during which children residing in QRTPs are exempt from typical length of stay parameters; those parameters will apply to children residing in QRTPs at the expiration of this up-to-two-year period. For more details, the state should refer to Question #2 in the Q&A document linked in footnote 3.*
	Future Status: Describe planned activities to address milestone not already met and any other plans for enhanced quality assurance policies for inpatient and residential treatment settings.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action.
1.d Compliance with program integrity requirements and state	*Current Status: Provide information on current state policies and requirements for ensuring quality of care in psychiatric hospitals and residential settings.*

Prompts	Summary
compliance assurance process (including, if applicable, requirements for QRTPs that are IMDs)	*Future Status: Describe planned activities to address milestone not already met and any other plans for enhanced quality assurance policies for inpatient and residential treatment settings.*
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action.
1.e State requirement that psychiatric hospitals and residential settings (including, if applicable, QRTPs that are IMDs) screen beneficiaries for co-morbid physical health conditions, SUDs, and suicidal ideation, and facilitate access to treatment for those conditions	*Current Status: Provide information on current state policies and requirements for ensuring quality of care in psychiatric hospitals and residential settings.*
	Future Status: Describe planned activities to address milestone not already met and any other plans for enhanced quality assurance policies for inpatient and residential treatment settings.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action.
1.f Other state requirements/policies to ensure good quality of care in inpatient and residential treatment settings (including, if applicable, QRTPs that are IMDs).	*Current Status: Provide information on current state policies and requirements for ensuring quality of care in psychiatric hospitals and residential settings.*
	Future Status: Describe planned activities to address milestone not already met and any other plans for enhanced quality assurance policies for inpatient and residential treatment settings.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action.
SMI/SED. Topic_2. Milestone 2: Improving Care Coordination and Transitioning to Community-Based Care	
Understanding the services needed to transition to and be successful in community-based mental health care requires partnerships between hospitals, residential providers, and community-based care providers. To meet this milestone, state Medicaid programs, must focus on improving care coordination and transitions to community-based care by taking the following actions.	
In addition to other types of residential settings, please note that the term "residential settings" includes Qualified Residential Treatment Programs (QRTPs) that are IMDs.[4] State Medicaid programs that intend to claim FFP for services provided in QRTPs that are IMDs should specifically address these programs in all rows related to Milestone 2 that reference "residential settings." State Medicaid programs that intend to claim FFP for these services should focus on addressing only those QRTPs that are IMDs rather than all QRTPs.	

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[4] See "Qualified Residential Treatment Program (QRTP) Reimbursement: Family First Prevention Services Act (FFPSA) Requirements Q&A." Available at https://www.medicaid.gov/federal-policy-guidance/downloads/faq101921.pdf.

Prompts	Summary
Improving Care Coordination and Transitions to Community-based Care	
2.a Actions to ensure psychiatric hospitals and residential settings (including, if applicable, QRTPs that are IMDs) carry out intensive pre-discharge planning, and include community-based providers in care transitions.	*Current Status: Provide information on the state's current care coordination benefits/requirements including actions to connect beneficiaries with community-based care including pre-discharge planning, post discharge follow-up, and information-sharing among providers.*
	Future Status: Describe planned improvements to care coordination benefits/requirements and connections to community-based care, including pre-discharge planning, post discharge follow-up, and information-sharing among providers.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action.
2.b Actions to ensure psychiatric hospitals and residential settings (including, if applicable, QRTPs that are IMDs) assess beneficiaries' housing situations and coordinate with housing services providers when needed and available.	*Current Status: Provide information on the state's current care coordination benefits/requirements including actions to connect beneficiaries with community-based care including pre-discharge planning, post discharge follow-up, and information-sharing among providers.*
	Future Status: Describe planned improvements to care coordination benefits/requirements and connections to community-based care, including pre-discharge planning, post discharge follow-up, and information-sharing among providers.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action.
2.c State requirement to ensure psychiatric hospitals and residential settings (including, if applicable, QRTPs that are IMDs) contact beneficiaries and community-based providers through most effective means possible, e.g., email, text, or phone call within 72 hours post discharge	*Current Status: Provide information on the state's current care coordination benefits/requirements including actions to connect beneficiaries with community-based care including pre-discharge planning, post discharge follow-up, and information-sharing among providers.*
	Future Status: Describe planned improvements to care coordination benefits/requirements and connections to community-based care, including pre-discharge planning, post discharge follow-up, and information-sharing among providers.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action.
2.d Strategies to prevent or decrease lengths of stay in EDs among beneficiaries with SMI or SED prior to admission	*Current Status: Provide information on the state's current care coordination benefits/requirements including actions to connect beneficiaries with community-based care including pre-discharge planning, post discharge follow-up, and information-sharing among providers.*
	Future Status: Describe planned improvements to care coordination benefits/requirements and connections to community-based care, including pre-discharge planning, post discharge follow-up, and information-sharing among providers.

Prompts	Summary
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action.
2.e Other State requirements/policies to improve care coordination and connections to community-based care	*Current Status: Provide information on the state's current care coordination benefits/requirements including actions to connect beneficiaries with community-based care including pre-discharge planning, post discharge follow-up, and information-sharing among providers.*
	Future Status: Describe planned improvements to care coordination benefits/requirements and connections to community-based care, including pre-discharge planning, post discharge follow-up, and information-sharing among providers.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action.
SMI/SED. Topic_3. Milestone 3: Increasing Access to Continuum of Care, Including Crisis Stabilization Services	
Adults with SMI and children with SED need access to a continuum of care as these conditions are often episodic and the severity of symptoms can vary over time. Increased availability of crisis stabilization programs can help to divert Medicaid beneficiaries from unnecessary visits to EDs and admissions to inpatient facilities as well as criminal justice involvement. On-going treatment in outpatient settings can help address less acute symptoms and help beneficiaries with SMI or SED thrive in their communities. Strategies are also needed to help connect individuals who need inpatient or residential treatment with that level of care as soon as possible. To meet this milestone, state Medicaid programs should focus on improving access to a continuum of care by taking the following actions.	
Access to Continuum of Care Including Crisis Stabilization	
3.a The state's strategy to conduct annual assessments of the availability of mental health providers including psychiatrists, other practitioners, outpatient, community mental health	*Current Status: Provide information on the status of the state's assessment of mental health provider availability and an overview of the current continuum of care, including crisis stabilization, the state's ability of the state to track availability of beds, and the use of patient assessment tools.*
	Future Status: Describe plans to expand community-based services, including references to the financing plan as appropriate, and the state's plans to improve annual assessments of the availability of mental health providers and the state's ability to track availability of beds, and plans to encourage widespread use of patient assessment tools.

Prompts	Summary
centers, intensive outpatient/partial hospitalization, residential, inpatient, crisis stabilization services, and FQHCs offering mental health services across the state, updating the initial assessment of the availability of mental health services submitted with the state's demonstration application. The content of annual assessments should be reported in the state's annual demonstration monitoring reports.	*Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action.*
3.b Financing plan	*Current Status: Provide information on the status of the state's assessment of mental health provider availability and an overview of the current continuum of care, including crisis stabilization, the state's ability of the state to track availability of beds, and the use of patient assessment tools.*
	Future Status: Describe plans to expand community-based services, including references to the financing plan as appropriate, and the state's plans to improve annual assessments of the availability of mental health providers and the state's ability to track availability of beds, and plans to encourage widespread use of patient assessment tools.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action.
3.c Strategies to improve state tracking of availability of	*Current Status: Provide information on the status of the state's assessment of mental health provider availability and an overview of the current continuum of care, including crisis stabilization, the state's ability of the state to track availability of beds, and the use of patient assessment tools.*

Prompts	Summary
inpatient and crisis stabilization beds	*Future Status: Describe plans to expand community-based services, including references to the financing plan as appropriate, and the state's plans to improve annual assessments of the availability of mental health providers and the state's ability to track availability of beds, and plans to encourage widespread use of patient assessment tools.*
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action.
3.d State requirement that providers use a widely recognized, publicly available patient assessment tool to determine appropriate level of care and length of stay	*Current Status: Provide information on the status of the state's assessment of mental health provider availability and an overview of the current continuum of care, including crisis stabilization, the state's ability of the state to track availability of beds, and the use of patient assessment tools.*
	Future Status: Describe plans to expand community-based services, including references to the financing plan as appropriate, and the state's plans to improve annual assessments of the availability of mental health providers and the state's ability to track availability of beds, and plans to encourage widespread use of patient assessment tools.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action.
3.e Other state requirements/policies to improve access to a full continuum of care including crisis stabilization	*Current Status: Provide information on the status of the state's assessment of mental health provider availability and an overview of the current continuum of care, including crisis stabilization, the state's ability of the state to track availability of beds, and the use of patient assessment tools.*
	Future Status: Describe plans to expand community-based services, including references to the financing plan as appropriate, and the state's plans to improve annual assessments of the availability of mental health providers and the state's ability to track availability of beds, and plans to encourage widespread use of patient assessment tools.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action.
SMI/SED. Topic_4. Milestone 4: Earlier Identification and Engagement in Treatment, Including Through Increased Integration	
Critical strategies for improving care for individuals with SMI or SED include earlier identification of serious mental health conditions and focused efforts to engage individuals with these conditions in treatment sooner. To meet this milestone, state Medicaid programs must focus on improving mental health care by taking the following actions.	

Prompts	Summary
Earlier Identification and Engagement in Treatment	
4.a Strategies for identifying and engaging beneficiaries with or at risk of SMI or SED in treatment sooner, e.g., with supported employment and supported programs	*Current Status: Provide information on current strategies to increase earlier identification/ engagement in treatment, integration of behavioral care in non-specialty settings, and specialized programs for young people with SED/SMI.*
	Future Status: Describe planned strategies to increase early identification/ engagement in treatment, integration of behavioral health care in non-specialty settings, and availability of specialized programs for young people with SED/SMI.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action.
4.b Plan for increasing integration of behavioral health care in non-specialty settings to improve early identification of SED/SMI and linkages to treatment	*Current Status: Provide information on current strategies to increase earlier identification/ engagement in treatment, integration of behavioral care in non-specialty settings, and specialized programs for young people with SED/SMI.*
	Future Status: Describe planned strategies to increase early identification/ engagement in treatment, integration of behavioral health care in non-specialty settings, and availability of specialized programs for young people with SED/SMI.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action.
4.c Establishment of specialized settings and services, including crisis stabilization, for young people experiencing SED/SMI	*Current Status: Provide information on current strategies to increase earlier identification/ engagement in treatment, integration of behavioral care in non-specialty settings, and specialized programs for young people with SED/SMI.*
	Future Status: Describe planned strategies to increase early identification/ engagement in treatment, integration of behavioral health care in non-specialty settings, and availability of specialized programs for young people with SED/SMI.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action.
4.d Other state strategies to increase earlier	*Current Status: Provide information on current strategies to increase earlier identification/ engagement in treatment, integration of behavioral care in non-specialty settings, and specialized programs for young people with SED/SMI.*

Prompts	Summary
identification/engagement, integration, and specialized programs for young people	*Future Status: Describe planned strategies to increase early identification/ engagement in treatment, integration of behavioral health care in non-specialty settings, and availability of specialized programs for young people with SED/SMI.*
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action.
SMI/SED.Topic_5. Financing Plan	
State Medicaid programs should detail plans to support improved availability of non-hospital, non-residential mental health services including crisis stabilization and on-going community-based care. The financing plan should describe state efforts to increase access to community-based mental health providers for Medicaid beneficiaries throughout the state, including through changes to reimbursement and financing policies that address gaps in access to community-based providers identified in the state's assessment of current availability of mental health services included in the state's application.	
F.a Increase availability of non-hospital, non-residential crisis stabilization services, including services made available through crisis call centers, mobile crisis units, observation/assessment centers, with a coordinated community crisis response that involves collaboration with trained law enforcement and other first responders.	*Current Status*
	Future Status
	Summary of Actions Needed
F.b Increase availability of on-going community-based services, e.g., outpatient, community mental health centers, partial hospitalization/day treatment, assertive community treatment, and services in integrated care settings such as the Certified Community Behavioral Health Clinic model.	*Current Status*
	Future Status
	Summary of Actions Needed

Prompts	Summary
SMI/SED. Topic_6. Health IT Plan	
As outlined in State Medicaid Director Letter (SMDL) #18-011, "[s]tates seeking approval of an SMI/SED demonstration … will be expected to submit a Health IT Plan ("HIT Plan") that describes the state's ability to leverage health IT, advance health information exchange(s), and ensure health IT interoperability in support of the demonstration's goals."[5] The HIT Plan should also describe, among other items, the: *Role of providers in cultivating referral networks and engaging with patients, families and caregivers as early as possible in treatment; and* *Coordination of services among treatment team members, clinical supervision, medication and medication management, psychotherapy, case management, coordination with primary care, family/caregiver support and education, and supported employment and supported education.* *Please complete* all *Statements of Assurance below—and the sections of the Health IT Planning Template that are relevant to your state's demonstration proposal.*	
Statements of Assurance	
Statement 1: Please provide an assurance that the state has a sufficient health IT infrastructure/ecosystem at every appropriate level (i.e., state, delivery system, health plan/MCO and individual provider) to achieve the goals of the demonstration. If this is not yet the case, please describe how this will be achieved and over what time period	*Enter text here*
	Enter text here

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[5] See SMDL #18-011, "Opportunities to Design Innovative Service Delivery Systems for Adults with a Serious Mental Illness or Children with a Serious Emotional Disturbance." Available at https://www.medicaid.gov/federal-policy-guidance/downloads/smd18011.pdf.

Prompts	Summary
Statement 3: Please confirm that the state intends to assess the applicability of standards referenced in the Interoperability Standards Advisory (ISA)[6] and 45 CFR 170 Subpart B. Please describe how open application program interfaces will be required in any related procurement. If the state intends to work on more emergent social determinant of health standards that are not included in the ISA or 45 CFR 170, the state should describe if they plan to work with HL7 Gravity Project on partnering for consensus standard development.	*Enter text here*
Enhanced administrative match may also be available under 42 CFR Part 433 Subpart C (Mechanized Claims Processing and Information Retrieval Systems) to help states establish crisis call centers to connect beneficiaries with mental health treatment and to develop technologies to link mobile crisis units to beneficiaries coping with serious mental health conditions. States may also coordinate access to outreach, referral, and assessment services—for behavioral health care--through an established "No Wrong Door System."[7]	
Closed Loop Referrals and e-Referrals (Section 1)	

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[6] Available at https://www.healthit.gov/isa/.

[7] Guidance for Administrative Claiming through the "No Wrong Door System" is available at https://www.medicaid.gov/medicaid/finance/admin-claiming/no-wrong-door/index.html.

Medicaid Section 1115 SMI/SED Demonstration Implementation Plan – Version 2.0
[State] [Demonstration Name]
[Demonstration Approval Date]
Submitted on [Insert Date]

Prompts	Summary
1.1 Closed loop referrals and e-referrals from physician/mental health provider to physician/mental health provider	*Current State: # and/or % of Behavioral Health Providers who have adopted "Certified" EHRs (CEHRT-Certified EHR Technologies) and utilize it for e-referrals and or closed loop referrals.* 1) *# and/or % of Behavioral Health Providers who utilize "Direct" secure messaging for e-referrals and or closed loop referrals* 2) *# and/or % of Primary Care Providers who have adopted "Certified" EHRs (CEHRT-Certified EHR Technologies) that are utilizing it for e-referrals and or closed loop referrals with mental health providers* 3) *# or % of Primary Care Providers who utilize "Direct" secure messaging for e-referrals and or closed loop referrals with Mental Health Providers*
	Future State: Describe the future state of the health IT functionalities outlined below:
	Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state:
1.2 Closed loop referrals and e-referrals from institution/hospital/clinic to physician/mental health provider	*Current State: Describe the current state of the health IT functionalities outlined below:* *Example: The state is planning to conduct beneficiary phone surveys and track beneficiaries who are not reporting hours due to technical difficulties. If the state identifies a substantial number of beneficiaries are not reporting hours due to technical difficulties, the state will consider providing additional notices to beneficiaries and/or training CE partner entities who help beneficiaries enter hours into the state's online portal.*
	Future State: Describe the future state of the health IT functionalities outlined below:
	Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state:
1.3 Closed loop referrals and e-referrals from physician/mental health provider to community based supports	*Current State: Describe the current state of the health IT functionalities outlined below:* *Example: The state is planning to conduct beneficiary phone surveys and track beneficiaries who are not reporting hours due to technical difficulties. If the state identifies a substantial number of beneficiaries are not reporting hours due to technical difficulties, the state will consider providing additional notices to beneficiaries and/or training CE partner entities who help beneficiaries enter hours into the state's online portal.*
	Future State: Describe the future state of the health IT functionalities outlined below:
	Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state:
Electronic Care Plans and Medical Records (Section 2)	

Prompts	Summary
2.1 The state and its providers can create and use an electronic care plan. Please describe if the state will use HL7 Care Plan standard.	*Current State: Describe the current state of the health IT functionalities outlined below:* *Example: The state is planning to conduct beneficiary phone surveys and track beneficiaries who are not reporting hours due to technical difficulties. If the state identifies a substantial number of beneficiaries are not reporting hours due to technical difficulties, the state will consider providing additional notices to beneficiaries and/or training CE partner entities who help beneficiaries enter hours into the state's online portal.*
	Future State: Describe the future state of the health IT functionalities outlined below:
	Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state:
2.2 E-plans of care are interoperable and accessible by all relevant members of the care team, including mental health providers	*Current State: Describe the current state of the health IT functionalities outlined below:* *Example: The state is planning to conduct beneficiary phone surveys and track beneficiaries who are not reporting hours due to technical difficulties. If the state identifies a substantial number of beneficiaries are not reporting hours due to technical difficulties, the state will consider providing additional notices to beneficiaries and/or training CE partner entities who help beneficiaries enter hours into the state's online portal.*
	Future State: Describe the future state of the health IT functionalities outlined below:
	Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state:
2.3 Medical records transition from youth-oriented systems of care to the adult behavioral health system through electronic communications	*Current State: Describe the current state of the health IT functionalities outlined below:* *Example: The state is planning to conduct beneficiary phone surveys and track beneficiaries who are not reporting hours due to technical difficulties. If the state identifies a substantial number of beneficiaries are not reporting hours due to technical difficulties, the state will consider providing additional notices to beneficiaries and/or training CE partner entities who help beneficiaries enter hours into the state's online portal.*
	Future State: Describe the future state of the health IT functionalities outlined below:
	Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state:
2.4 Electronic care plans transition from youth-oriented systems of care to the adult behavioral health system through electronic communications	*Current State: Describe the current state of the health IT functionalities outlined below:* *Example: The state is planning to conduct beneficiary phone surveys and track beneficiaries who are not reporting hours due to technical difficulties. If the state identifies a substantial number of beneficiaries are not reporting hours due to technical difficulties, the state will consider providing additional notices to beneficiaries and/or training CE partner entities who help beneficiaries enter hours into the state's online portal.*

Prompts	Summary
	Future State: Describe the future state of the health IT functionalities outlined below:
	Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state:
2.5 Transitions of care and other community supports are accessed and supported through electronic communications	*Current State: Describe the current state of the health IT functionalities outlined below:* *Example: The state is planning to conduct beneficiary phone surveys and track beneficiaries who are not reporting hours due to technical difficulties. If the state identifies a substantial number of beneficiaries are not reporting hours due to technical difficulties, the state will consider providing additional notices to beneficiaries and/or training CE partner entities who help beneficiaries enter hours into the state's online portal.*
	Future State: Describe the future state of the health IT functionalities outlined below:
	Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state:
Consent - E-Consent (42 CFR Part 2/HIPAA) (Section 3)	
3.1 Individual consent is electronically captured and accessible to patients and all members of the care team, as applicable, to ensure seamless sharing of sensitive health care information to all relevant parties consistent with applicable law and regulations (e.g., HIPAA, 42 CFR part 2 and state laws)	*Current State: Describe the current state of the health IT functionalities outlined below:* *Example: The state is planning to conduct beneficiary phone surveys and track beneficiaries who are not reporting hours due to technical difficulties. If the state identifies a substantial number of beneficiaries are not reporting hours due to technical difficulties, the state will consider providing additional notices to beneficiaries and/or training CE partner entities who help beneficiaries enter hours into the state's online portal.*
	Future State: Describe the future state of the health IT functionalities outlined below:
	Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state:
Interoperability in Assessment Data (Section 4)	
4.1 Intake, assessment and screening tools are part of a structured data capture process so that this information is interoperable with the rest of the HIT ecosystem	*Current State: Describe the current state of the health IT functionalities outlined below:* *Example: The state is planning to conduct beneficiary phone surveys and track beneficiaries who are not reporting hours due to technical difficulties. If the state identifies a substantial number of beneficiaries are not reporting hours due to technical difficulties, the state will consider providing additional notices to beneficiaries and/or training CE partner entities who help beneficiaries enter hours into the state's online portal.*
	Future State: Describe the future state of the health IT functionalities outlined below:

Prompts	Summary
	Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state:
Electronic Office Visits – Telehealth (Section 5)	
5.1 Telehealth technologies support collaborative care by facilitating broader availability of integrated mental health care and primary care	*Current State: Describe the current state of the health IT functionalities outlined below:* *Example: The state is planning to conduct beneficiary phone surveys and track beneficiaries who are not reporting hours due to technical difficulties. If the state identifies a substantial number of beneficiaries are not reporting hours due to technical difficulties, the state will consider providing additional notices to beneficiaries and/or training CE partner entities who help beneficiaries enter hours into the state's online portal.*
	Future State: Describe the future state of the health IT functionalities outlined below:
	Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state:
Alerting/Analytics (Section 6)	
6.1 The state can identify patients that are at risk for discontinuing engagement in their treatment, or have stopped engagement in their treatment, and can notify their care teams in order to ensure treatment continues or resumes (Note: research shows that 50% of patients stop engaging after 6 months of treatment[8])	*Current State: Describe the current state of the health IT functionalities outlined below:* *Example: The state is planning to conduct beneficiary phone surveys and track beneficiaries who are not reporting hours due to technical difficulties. If the state identifies a substantial number of beneficiaries are not reporting hours due to technical difficulties, the state will consider providing additional notices to beneficiaries and/or training CE partner entities who help beneficiaries enter hours into the state's online portal.*
	Future State: Describe the future state of the health IT functionalities outlined below:
	Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state:
6.2 Health IT is being used to advance the care coordination workflow for patients experiencing their first episode of psychosis	*Current State: Describe the current state of the health IT functionalities outlined below:* *Example: The state is planning to conduct beneficiary phone surveys and track beneficiaries who are not reporting hours due to technical difficulties. If the state identifies a substantial number of beneficiaries are not reporting hours due to technical difficulties, the state will consider providing additional notices to beneficiaries and/or training CE partner entities who help beneficiaries enter hours into the state's online portal.*

[8] Interdepartmental Serious Mental Illness Coordinating Committee. (2017). *The Way Forward: Federal Action for a System That Works for All People Living With SMI and SED and Their Families and Caregivers*. Retrieved from https://www.samhsa.gov/sites/default/files/programs_campaigns/ismicc_2017_report_to_congress.pdf

Prompts	Summary
	Future State: Describe the future state of the health IT functionalities outlined below:
	Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state:
Identity Management (Section 7)	
7.1 As appropriate and needed, the care team has the ability to tag or link a child's electronic medical records with their respective parent/caretaker medical records	*Current State: Describe the current state of the health IT functionalities outlined below:* *Example: The state is planning to conduct beneficiary phone surveys and track beneficiaries who are not reporting hours due to technical difficulties. If the state identifies a substantial number of beneficiaries are not reporting hours due to technical difficulties, the state will consider providing additional notices to beneficiaries and/or training CE partner entities who help beneficiaries enter hours into the state's online portal.*
	Future State: Describe the future state of the health IT functionalities outlined below:
	Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state:
7.2 Electronic medical records capture all episodes of care, and are linked to the correct patient	*Current State: Describe the current state of the health IT functionalities outlined below:* *Example: The state is planning to conduct beneficiary phone surveys and track beneficiaries who are not reporting hours due to technical difficulties. If the state identifies a substantial number of beneficiaries are not reporting hours due to technical difficulties, the state will consider providing additional notices to beneficiaries and/or training CE partner entities who help beneficiaries enter hours into the state's online portal.*
	Future State: Describe the future state of the health IT functionalities outlined below:
	Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state:

Section 3: Relevant documents

Please provide any additional documentation or information that the state deems relevant to successful execution of the implementation plan. This information is not meant as a substitute for the information provided in response to the prompts outlined in Section 2. Instead, material submitted as attachments should support those responses.