

Substance Use Disorder (SUD)

Medicaid Section 1115 SMI/SED Demonstrations Monitoring Protocol (Part A) - Planned metrics (Version 3.0)

State [State Name - automatically populated]

Demonstration Name [Demonstration Name - automatically populated]

Table: Serious Mental Illness and Serious Emotional Disturbance Planned Metrics

#	Metric name	Metric description	Milestone or reporting topic	Metric type
<i>EXAMPLE:</i> 20 (Do not delete or edit this row)	<i>EXAMPLE:</i> Beneficiaries With SMI/SED Treated in an IMD for Mental Health	<i>EXAMPLE:</i> Number of beneficiaries in the demonstration population who have a claim for inpatient or residential treatment for mental health in an IMD during the reporting year	<i>EXAMPLE:</i> Milestone 3	<i>EXAMPLE:</i> CMS-constructed
1	SUD Screening of Beneficiaries Admitted to Psychiatric Hospitals or Residential Treatment Settings	Two rates will be reported for this measure: 1. SUB-2: Patients who screened positive for unhealthy alcohol use who received or refused a brief intervention during the hospital stay 2. SUB-2a: Patients who received the brief intervention during the hospital stay	Milestone 1	Established quality measure
2	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	Percentage of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment	Milestone 1	Established quality measure
4	30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF)	The rate of unplanned, 30-day, readmission for demonstration beneficiaries with a primary discharge diagnosis of a psychiatric disorder or dementia/Alzheimer's disease. The measurement period used to identify cases in the measure population is 12 months from January 1 through December 31.	Milestone 2	Established quality measure
6	Medication Continuation Following Inpatient Psychiatric Discharge	This measure assesses whether psychiatric patients admitted to an inpatient psychiatric facility (IPF) for major depressive disorder (MDD), schizophrenia, or bipolar disorder filled a prescription for evidence-based medication within 2 days prior to discharge and 30 days post-discharge.	Milestone 2	Established quality measure
7	Follow-up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH)	Percentage of discharges for children ages 6 to 17 who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported: • Percentage of discharges for which the child received follow-up within 30 days after discharge • Percentage of discharges for which the child received follow-up within 7 days after discharge	Milestone 2	Established quality measure
8	Follow-up After Hospitalization for Mental Illness: Age 18 and older (FUH-AD)	Percentage of discharges for beneficiaries age 18 and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported: • Percentage of discharges for which the beneficiary received follow-up within 30 days after discharge • Percentage of discharges for which the beneficiary received follow-up within 7 days after discharge	Milestone 2	Established quality measure
9	Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD)	Percentage of emergency department (ED) visits for beneficiaries age 18 and older with a primary diagnosis of alcohol or other drug (AOD) abuse dependence who had a follow-up visit for AOD abuse or dependence. Two rates are reported: • Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit • Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit	Milestone 2	Established quality measure

#	Metric name	Metric description	Milestone or reporting topic	Metric type
10	Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD)	Percentage of emergency department (ED) visits for beneficiaries age 18 and older with a primary diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness. Two rates are reported: <ul style="list-style-type: none"> • Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit • Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit 	Milestone 2	Established quality measure
11	Suicide or Overdose Death Within 7 and 30 Days of Discharge From an Inpatient Facility or Residential Treatment for Mental Health Among Beneficiaries With SMI or SED (count)	Number of suicide or overdose deaths among Medicaid beneficiaries with SMI or SED within 7 and 30 days of discharge from an inpatient facility or residential stay for mental health	Milestone 2	CMS-constructed
12	Suicide or Overdose Death Within 7 and 30 Days of Discharge From an Inpatient Facility or Residential Treatment for Mental Health Among Beneficiaries With SMI or SED (rate)	Rate of suicide or overdose deaths among Medicaid beneficiaries with SMI or SED within 7 and 30 days of discharge from an inpatient facility or residential stay for mental health	Milestone 2	CMS-constructed
13	Mental Health Services Utilization - Inpatient	Number of beneficiaries in the demonstration population who use inpatient services related to mental health during the measurement period	Milestone 3	CMS-constructed
14	Mental Health Services Utilization - Intensive Outpatient and Partial Hospitalization	Number of beneficiaries in the demonstration population who used intensive outpatient and/or partial hospitalization services related to mental health during the measurement period	Milestone 3	CMS-constructed
15	Mental Health Services Utilization - Outpatient	Number of beneficiaries in the demonstration population who used outpatient services related to mental health during the measurement period	Milestone 3	CMS-constructed
16	Mental Health Services Utilization - ED	Number of beneficiaries in the demonstration population who use emergency department services for mental health during the measurement period	Milestone 3	CMS-constructed
17	Mental Health Services Utilization - Telehealth	Number of beneficiaries in the demonstration population who used telehealth services related to mental health during the measurement period	Milestone 3	CMS-constructed
18	Mental Health Services Utilization - Any Services	Number of beneficiaries in the demonstration population who used any services related to mental health during the measurement period	Milestone 3	CMS-constructed
19a	Average Length of Stay in IMDs	Average length of stay (ALOS) for beneficiaries with SMI discharged from an inpatient or residential stay in an IMD. Three rates are reported: <ul style="list-style-type: none"> • ALOS for all IMDs and populations • ALOS among short-term stays (less than or equal to 60 days) • ALOS among long-term stays (greater than 60 days) 	Milestone 3	CMS-constructed

#	Metric name	Metric description	Milestone or reporting topic	Metric type
19b	Average Length of Stay in IMDs (IMDs receiving FFP only)	Average length of stay (ALOS) for beneficiaries with SMI discharged from an inpatient or residential stay in an IMD receiving federal financial participation (FFP). Three rates are reported: <ul style="list-style-type: none"> • ALOS for all IMDs and populations • ALOS among short-term stays (less than or equal to 60 days) • ALOS among long-term stays (greater than 60 days) 	Milestone 3	CMS-constructed
20	Beneficiaries With SMI/SED Treated in an IMD for Mental Health	Number of beneficiaries in the demonstration population who have a claim for inpatient or residential treatment for mental health in an IMD during the reporting year	Milestone 3	CMS-constructed
21	Count of Beneficiaries With SMI/SED (monthly)	Number of beneficiaries in the demonstration population during the measurement period and/or in the 11 months before the measurement period	Milestone 4	CMS-constructed
22	Count of Beneficiaries With SMI/SED (annually)	Number of beneficiaries in the demonstration population during the measurement period and/or in the 12 months before the measurement period	Milestone 4	CMS-constructed
23	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD)	Percentage of beneficiaries ages 18 to 75 with a serious mental illness and diabetes (type 1 and type 2) who had hemoglobin A1c (HbA1c) in poor control (> 9.0%)	Milestone 4	Established quality measure
24	Screening for Depression and Follow-up Plan: Age 18 and Older (CDF-AD)	Percentage of beneficiaries age 18 and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the eligible encounter	Milestone 4	Established quality measure
25	Screening for Depression and Follow-up Plan: Ages 12 to 17 (CDF-CH)	Percentage of beneficiaries ages 12 to 17 screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the eligible encounter	Milestone 4	Established quality measure
26	Access to Preventive/Ambulatory Health Services for Medicaid Beneficiaries With SMI	The percentage of Medicaid beneficiaries age 18 years or older with SMI who had an ambulatory or preventive care visit during the measurement period	Milestone 4	Established quality measure
29	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Percentage of children and adolescents ages 1 to 17 who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported: <ul style="list-style-type: none"> • Percentage of children and adolescents on antipsychotics who received blood glucose testing • Percentage of children and adolescents on antipsychotics who received cholesterol testing • Percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing 	Milestone 4	Established quality measure
30	Follow-Up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication	Percentage of new antipsychotic prescriptions for Medicaid beneficiaries who meet the following criteria: <ul style="list-style-type: none"> • age 18 years and older, and • completed a follow-up visit with a provider with prescribing authority within four weeks (28 days) of prescription of an antipsychotic medication 	Milestone 4	Established quality measure

#	Metric name	Metric description	Milestone or reporting topic	Metric type
32	Total Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Not Inpatient or Residential	The sum of all Medicaid spending for mental health services not in inpatient or residential settings during the measurement period	Other SMI/SED metrics	CMS-constructed
33	Total Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Inpatient or Residential	The sum of all Medicaid costs for mental health services in inpatient or residential settings during the measurement period	Other SMI/SED metrics	CMS-constructed
34	Per Capita Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Not Inpatient or Residential	Per capita costs for non-inpatient, non-residential services for mental health, among beneficiaries in the demonstration population during the measurement period	Other SMI/SED metrics	CMS-constructed
35	Per Capita Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Inpatient or Residential	Per capita costs for inpatient or residential services for mental health among beneficiaries in the demonstration population during the measurement period	Other SMI/SED metrics	CMS-constructed
36	Grievances Related to Services for SMI/SED	Number of grievances filed during the measurement period that are related to services for SMI/SED	Other SMI/SED metrics	CMS-constructed
37	Appeals Related to Services for SMI/SED	Number of appeals filed during the measurement period that are related to services for SMI/SED	Other SMI/SED metrics	CMS-constructed
38	Critical Incidents Related to Services for SMI/SED	Number of critical incidents filed during the measurement period that are related to services for SMI/SED	Other SMI/SED metrics	CMS-constructed
39	Total Costs Associated With Treatment for Mental Health in an IMD Among Beneficiaries With SMI/SED	Total Medicaid costs for beneficiaries in the demonstration population who had claims for inpatient or residential treatment for mental health in an IMD during the reporting year	Other SMI/SED metrics	CMS-constructed
40	Per Capita Costs Associated With Treatment for Mental Health in an IMD Among Beneficiaries With SMI/SED	Per capita Medicaid costs for beneficiaries in the demonstration population who had claims for inpatient or residential treatment for mental health in an IMD during the reporting year	Other SMI/SED metrics	CMS-constructed
Q1	<i>[Insert selected metric(s) for health IT question 1]</i>		Health IT	State-specific
Q2	<i>[Insert selected metric(s) for health IT question 2]</i>		Health IT	State-specific
Q3	<i>[Insert selected metric(s) for health IT question 3]</i>		Health IT	State-specific
State-specific metrics				
<i>[Insert row(s) for any additional state-specific metrics by right-clicking on row 50 and selecting "Insert"]</i>				

#	Metric name	Reporting category	Data source	Measurement period	Reporting frequency	Reporting priority	State will report (Y/N)
<i>EXAMPLE:</i> 20 (Do not delete or edit this row)	<i>EXAMPLE:</i> Beneficiaries With SMI/SED Treated in an IMD for Mental Health	<i>EXAMPLE:</i> Other annual metrics	<i>EXAMPLE:</i> Claims	<i>EXAMPLE:</i> Year	<i>EXAMPLE:</i> Annually	<i>EXAMPLE:</i> Required	<i>EXAMPLE:</i> Y
1	SUD Screening of Beneficiaries Admitted to Psychiatric Hospitals or Residential Treatment Settings	Annual metrics that are an established quality measure	Medical record review or claims	Year	Annually	Recommended	
2	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	Annual metrics that are an established quality measure	Claims	Year	Annually	Required	
4	30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF)	Annual metrics that are an established quality measure	Claims	Year	Annually	Required	
6	Medication Continuation Following Inpatient Psychiatric Discharge	Annual metrics that are an established quality measure	Claims	Year	Annually	Required	
7	Follow-up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH)	Annual metrics that are an established quality measure	Claims	Year	Annually	Required	
8	Follow-up After Hospitalization for Mental Illness: Age 18 and older (FUH-AD)	Annual metrics that are an established quality measure	Claims	Year	Annually	Required	
9	Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD)	Annual metrics that are an established quality measure	Claims	Year	Annually	Required	

#	Metric name	Reporting category	Data source	Measurement period	Reporting frequency	Reporting priority	State will report (Y/N)
10	Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD)	Annual metrics that are an established quality measure	Claims	Year	Annually	Required	
11	Suicide or Overdose Death Within 7 and 30 Days of Discharge From an Inpatient Facility or Residential Treatment for Mental Health Among Beneficiaries With SMI or SED (count)	Other annual metrics	State data on cause of death	Year	Annually	Recommended	
12	Suicide or Overdose Death Within 7 and 30 Days of Discharge From an Inpatient Facility or Residential Treatment for Mental Health Among Beneficiaries With SMI or SED (rate)	Other annual metrics	State data on cause of death	Year	Annually	Recommended	
13	Mental Health Services Utilization - Inpatient	Other monthly and quarterly metrics	Claims	Month	Quarterly	Required	
14	Mental Health Services Utilization - Intensive Outpatient and Partial Hospitalization	Other monthly and quarterly metrics	Claims	Month	Quarterly	Required	
15	Mental Health Services Utilization - Outpatient	Other monthly and quarterly metrics	Claims	Month	Quarterly	Required	
16	Mental Health Services Utilization - ED	Other monthly and quarterly metrics	Claims	Month	Quarterly	Required	
17	Mental Health Services Utilization - Telehealth	Other monthly and quarterly metrics	Claims	Month	Quarterly	Required	
18	Mental Health Services Utilization - Any Services	Other monthly and quarterly metrics	Claims	Month	Quarterly	Required	
19a	Average Length of Stay in IMDs	Other annual metrics	Claims State-specific IMD database	Year	Annually	Required	

#	Metric name	Reporting category	Data source	Measurement period	Reporting frequency	Reporting priority	State will report (Y/N)
19b	Average Length of Stay in IMDs (IMDs receiving FFP only)	Other annual metrics	Claims State-specific IMD database	Year	Annually	Required	
20	Beneficiaries With SMI/SED Treated in an IMD for Mental Health	Other annual metrics	Claims	Year	Annually	Required	
21	Count of Beneficiaries With SMI/SED (monthly)	Other monthly and quarterly metrics	Claims	Month	Quarterly	Required	
22	Count of Beneficiaries With SMI/SED (annually)	Other annual metrics	Claims	Year	Annually	Required	
23	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD)	Annual metrics that are an established quality measure	Claims Medical records	Year	Annually	Required	
24	Screening for Depression and Follow-up Plan: Age 18 and Older (CDF-AD)	Annual metrics that are an established quality measure	Claims Medical records	Year	Annually	Recommended	
25	Screening for Depression and Follow-up Plan: Ages 12 to 17 (CDF-CH)	Annual metrics that are an established quality measure	Claims Electronic medical records	Year	Annually	Recommended	
26	Access to Preventive/Ambulatory Health Services for Medicaid Beneficiaries With SMI	Annual metrics that are an established quality measure	Claims	Year	Annually	Required	
29	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Annual metrics that are an established quality measure	Claims	Year	Annually	Required	
30	Follow-Up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication	Annual metrics that are an established quality measure	Claims	Year	Annually	Required	

#	Metric name	Reporting category	Data source	Measurement period	Reporting frequency	Reporting priority	State will report (Y/N)
32	Total Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Not Inpatient or Residential	Other annual metrics	Claims	Year	Annually	Required	
33	Total Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Inpatient or Residential	Other annual metrics	Claims	Year	Annually	Required	
34	Per Capita Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Not Inpatient or Residential	Other annual metrics	Claims	Year	Annually	Required	
35	Per Capita Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Inpatient or Residential	Other annual metrics	Claims	Year	Annually	Required	
36	Grievances Related to Services for SMI/SED	Grievances and appeals	Administrative records	Quarter	Quarterly	Required	
37	Appeals Related to Services for SMI/SED	Grievances and appeals	Administrative records	Quarter	Quarterly	Required	
38	Critical Incidents Related to Services for SMI/SED	Grievances and appeals	Administrative records	Quarter	Quarterly	Required	
39	Total Costs Associated With Treatment for Mental Health in an IMD Among Beneficiaries With SMI/SED	Other annual metrics	Claims	Year	Annually	Required	
40	Per Capita Costs Associated With Treatment for Mental Health in an IMD Among Beneficiaries With SMI/SED	Other annual metrics	Claims	Year	Annually	Required	
Q1	<i>[Insert selected metric(s) for health IT question 1]</i>					Required	
Q2	<i>[Insert selected metric(s) for health IT question 2]</i>					Required	
Q3	<i>[Insert selected metric(s) for health IT question 3]</i>					Required	
State-specific metrics							
<i>[Insert row(s) for any additional state-specific metrics by right-click]</i>							

#	Metric name	Baseline reporting period (MM/DD/YYYY-- MM/DD/YYYY)	Annual goal	Overall demonstration target	Attest that planned reporting matches the CMS-provided technical specifications manual (Y/N)
<i>EXAMPLE:</i> 20 (Do not delete or edit this row)	<i>EXAMPLE:</i> Beneficiaries With SMI/SED Treated in an IMD for Mental Health	<i>EXAMPLE:</i> 01/01/2020-12/31/2020	<i>EXAMPLE:</i> Increase	<i>EXAMPLE:</i> Consistent	<i>EXAMPLE:</i> N
1	SUD Screening of Beneficiaries Admitted to Psychiatric Hospitals or Residential Treatment Settings				
2	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)				
4	30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF)				
6	Medication Continuation Following Inpatient Psychiatric Discharge				
7	Follow-up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH)				
8	Follow-up After Hospitalization for Mental Illness: Age 18 and older (FUH-AD)				
9	Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD)				

#	Metric name	Baseline reporting period (MM/DD/YYYY-- MM/DD/YYYY)	Annual goal	Overall demonstration target	Attest that planned reporting matches the CMS-provided technical specifications manual (Y/N)
10	Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD)				
11	Suicide or Overdose Death Within 7 and 30 Days of Discharge From an Inpatient Facility or Residential Treatment for Mental Health Among Beneficiaries With SMI or SED (count)				
12	Suicide or Overdose Death Within 7 and 30 Days of Discharge From an Inpatient Facility or Residential Treatment for Mental Health Among Beneficiaries With SMI or SED (rate)				
13	Mental Health Services Utilization - Inpatient				
14	Mental Health Services Utilization - Intensive Outpatient and Partial Hospitalization				
15	Mental Health Services Utilization - Outpatient				
16	Mental Health Services Utilization - ED				
17	Mental Health Services Utilization - Telehealth				
18	Mental Health Services Utilization - Any Services				
19a	Average Length of Stay in IMDs				

#	Metric name	Baseline reporting period (MM/DD/YYYY-- MM/DD/YYYY)	Annual goal	Overall demonstration target	Attest that planned reporting matches the CMS-provided technical specifications manual (Y/N)
19b	Average Length of Stay in IMDs (IMDs receiving FFP only)				
20	Beneficiaries With SMI/SED Treated in an IMD for Mental Health				
21	Count of Beneficiaries With SMI/SED (monthly)				
22	Count of Beneficiaries With SMI/SED (annually)				
23	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD)				
24	Screening for Depression and Follow-up Plan: Age 18 and Older (CDF-AD)				
25	Screening for Depression and Follow-up Plan: Ages 12 to 17 (CDF-CH)				
26	Access to Preventive/Ambulatory Health Services for Medicaid Beneficiaries With SMI				
29	Metabolic Monitoring for Children and Adolescents on Antipsychotics				
30	Follow-Up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication				

#	Metric name	Baseline reporting period (MM/DD/YYYY-- MM/DD/YYYY)	Annual goal	Overall demonstration target	Attest that planned reporting matches the CMS-provided technical specifications manual (Y/N)
32	Total Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Not Inpatient or Residential				
33	Total Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Inpatient or Residential				
34	Per Capita Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Not Inpatient or Residential				
35	Per Capita Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Inpatient or Residential				
36	Grievances Related to Services for SMI/SED				
37	Appeals Related to Services for SMI/SED				
38	Critical Incidents Related to Services for SMI/SED				
39	Total Costs Associated With Treatment for Mental Health in an IMD Among Beneficiaries With SMI/SED				
40	Per Capita Costs Associated With Treatment for Mental Health in an IMD Among Beneficiaries With SMI/SED				
Q1	<i>[Insert selected metric(s) for health IT question 1]</i>				
Q2	<i>[Insert selected metric(s) for health IT question 2]</i>				
Q3	<i>[Insert selected metric(s) for health IT question 3]</i>				
State-specific metrics					
<i>[Insert row(s) for any additional state-specific metrics by right-cl</i>					

#	Metric name	Explanation of any deviations from the CMS-provided technical specifications manual (different data source, definition, codes, target population, etc.) ^{a,b}	State plans to phase in reporting (Y/N)	SMI/SED monitoring report in which metric will be phased in (Format DY#Q#; e.g. DY1Q3)
<i>EXAMPLE:</i> 20 (Do not delete or edit this row)	<i>EXAMPLE:</i> Beneficiaries With SMI/SED Treated in an IMD for Mental Health	<i>EXAMPLE:</i> The Department will use state-defined procedure codes (<u>list specific codes</u>) to calculate this metric.	<i>EXAMPLE:</i> Y	<i>EXAMPLE:</i> DY3Q1
1	SUD Screening of Beneficiaries Admitted to Psychiatric Hospitals or Residential Treatment Settings			
2	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)			
4	30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF)			
6	Medication Continuation Following Inpatient Psychiatric Discharge			
7	Follow-up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH)			
8	Follow-up After Hospitalization for Mental Illness: Age 18 and older (FUH-AD)			
9	Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD)			

#	Metric name	Explanation of any deviations from the CMS-provided technical specifications manual (different data source, definition, codes, target population, etc.) ^{a,b}	State plans to phase in reporting (Y/N)	SMI/SED monitoring report in which metric will be phased in (Format DY#Q#; e.g. DY1Q3)
10	Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD)			
11	Suicide or Overdose Death Within 7 and 30 Days of Discharge From an Inpatient Facility or Residential Treatment for Mental Health Among Beneficiaries With SMI or SED (count)			
12	Suicide or Overdose Death Within 7 and 30 Days of Discharge From an Inpatient Facility or Residential Treatment for Mental Health Among Beneficiaries With SMI or SED (rate)			
13	Mental Health Services Utilization - Inpatient			
14	Mental Health Services Utilization - Intensive Outpatient and Partial Hospitalization			
15	Mental Health Services Utilization - Outpatient			
16	Mental Health Services Utilization - ED			
17	Mental Health Services Utilization - Telehealth			
18	Mental Health Services Utilization - Any Services			
19a	Average Length of Stay in IMDs			

#	Metric name	Explanation of any deviations from the CMS-provided technical specifications manual (different data source, definition, codes, target population, etc.) ^{a,b}	State plans to phase in reporting (Y/N)	SMI/SED monitoring report in which metric will be phased in (Format DY#Q#; e.g. DY1Q3)
19b	Average Length of Stay in IMDs (IMDs receiving FFP only)			
20	Beneficiaries With SMI/SED Treated in an IMD for Mental Health			
21	Count of Beneficiaries With SMI/SED (monthly)			
22	Count of Beneficiaries With SMI/SED (annually)			
23	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD)			
24	Screening for Depression and Follow-up Plan: Age 18 and Older (CDF-AD)			
25	Screening for Depression and Follow-up Plan: Ages 12 to 17 (CDF-CH)			
26	Access to Preventive/Ambulatory Health Services for Medicaid Beneficiaries With SMI			
29	Metabolic Monitoring for Children and Adolescents on Antipsychotics			
30	Follow-Up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication			

#	Metric name	Explanation of any deviations from the CMS-provided technical specifications manual (different data source, definition, codes, target population, etc.) ^{a,b}	State plans to phase in reporting (Y/N)	SMI/SED monitoring report in which metric will be phased in (Format DY#Q#; e.g. DY1Q3)
32	Total Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Not Inpatient or Residential			
33	Total Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Inpatient or Residential			
34	Per Capita Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Not Inpatient or Residential			
35	Per Capita Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Inpatient or Residential			
36	Grievances Related to Services for SMI/SED			
37	Appeals Related to Services for SMI/SED			
38	Critical Incidents Related to Services for SMI/SED			
39	Total Costs Associated With Treatment for Mental Health in an IMD Among Beneficiaries With SMI/SED			
40	Per Capita Costs Associated With Treatment for Mental Health in an IMD Among Beneficiaries With SMI/SED			
Q1	<i>[Insert selected metric(s) for health IT question 1]</i>			
Q2	<i>[Insert selected metric(s) for health IT question 2]</i>			
Q3	<i>[Insert selected metric(s) for health IT question 3]</i>			
State-specific metrics				
<i>[Insert row(s) for any additional state-specific metrics by right-clicking here]</i>				

#	Metric name	Explanation of any plans to phase in reporting over time
<i>EXAMPLE:</i> 20 (Do not delete or edit this row)	<i>EXAMPLE:</i> Beneficiaries With SMI/SED Treated in an IMD for Mental Health	<i>EXAMPLE:</i> The demonstration site will be updating its EHR during the start of the demonstration. We plan to phase in reporting after the system update has been completed by mid to late 2021 (DY2).
1	SUD Screening of Beneficiaries Admitted to Psychiatric Hospitals or Residential Treatment Settings	
2	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	
4	30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF)	
6	Medication Continuation Following Inpatient Psychiatric Discharge	
7	Follow-up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH)	
8	Follow-up After Hospitalization for Mental Illness: Age 18 and older (FUH-AD)	
9	Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD)	

#	Metric name	Explanation of any plans to phase in reporting over time
10	Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD)	
11	Suicide or Overdose Death Within 7 and 30 Days of Discharge From an Inpatient Facility or Residential Treatment for Mental Health Among Beneficiaries With SMI or SED (count)	
12	Suicide or Overdose Death Within 7 and 30 Days of Discharge From an Inpatient Facility or Residential Treatment for Mental Health Among Beneficiaries With SMI or SED (rate)	
13	Mental Health Services Utilization - Inpatient	
14	Mental Health Services Utilization - Intensive Outpatient and Partial Hospitalization	
15	Mental Health Services Utilization - Outpatient	
16	Mental Health Services Utilization - ED	
17	Mental Health Services Utilization - Telehealth	
18	Mental Health Services Utilization - Any Services	
19a	Average Length of Stay in IMDs	

#	Metric name	Explanation of any plans to phase in reporting over time
19b	Average Length of Stay in IMDs (IMDs receiving FFP only)	
20	Beneficiaries With SMI/SED Treated in an IMD for Mental Health	
21	Count of Beneficiaries With SMI/SED (monthly)	
22	Count of Beneficiaries With SMI/SED (annually)	
23	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD)	
24	Screening for Depression and Follow-up Plan: Age 18 and Older (CDF-AD)	
25	Screening for Depression and Follow-up Plan: Ages 12 to 17 (CDF-CH)	
26	Access to Preventive/Ambulatory Health Services for Medicaid Beneficiaries With SMI	
29	Metabolic Monitoring for Children and Adolescents on Antipsychotics	
30	Follow-Up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication	

#	Metric name	Explanation of any plans to phase in reporting over time
32	Total Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Not Inpatient or Residential	
33	Total Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Inpatient or Residential	
34	Per Capita Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Not Inpatient or Residential	
35	Per Capita Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Inpatient or Residential	
36	Grievances Related to Services for SMI/SED	
37	Appeals Related to Services for SMI/SED	
38	Critical Incidents Related to Services for SMI/SED	
39	Total Costs Associated With Treatment for Mental Health in an IMD Among Beneficiaries With SMI/SED	
40	Per Capita Costs Associated With Treatment for Mental Health in an IMD Among Beneficiaries With SMI/SED	
Q1	<i>[Insert selected metric(s) for health IT question 1]</i>	
Q2	<i>[Insert selected metric(s) for health IT question 2]</i>	
Q3	<i>[Insert selected metric(s) for health IT question 3]</i>	
State-specific metrics		
<i>[Insert row(s) for any additional state-specific metrics by right-click]</i>		

Medicaid Section 1115 SMI/SED Demonstrations Monitoring Protocol (Part A) - SMI/SED Definitions (Version 3.0)

State [State Name - automatically populated]
 Demonstration Name [Demonstration Name - automatically populated]

Table: Serious Mental Illness and Serious Emotional Disturbance Definitions

Narrative description of the SMI/SED demonstration population		
<p><i>EXAMPLE^a</i> Adults age 18 or older with serious mental illness or children under the age of 18 with a serious emotional disturbance living within the state.</p>		
	Serious Mental Illness (SMI)	Serious Emotional Disturbance (SED)
<p>Narrative description of how the state defines the population for purposes of monitoring (including age range, diagnosis groups, and associated service use requirements)</p>	<p><i>EXAMPLE^a</i> *At least one acute inpatient claim/encounter with any diagnosis of schizophrenia, bipolar I disorder, or major depression, OR *At least two visits in an outpatient, intensive outpatient (IOP), partial hospitalization (PH), emergency department (ED), or nonacute inpatient setting, on different dates of service, with any diagnosis of schizophrenia, OR *At least two visits in an outpatient, IOP, PH, ED, or nonacute inpatient setting on different dates of service with a diagnosis of bipolar I disorder.</p>	<p>See SMI example for format and required information</p>
<p>Codes used to identify population^b</p> <p>States may use ICD-10 diagnosis codes or state-specific treatment, diagnosis, or other types of codes to identify the population. When applicable, states should supplement ICD-10 codes with state-specific codes.</p>	<p><i>EXAMPLE^a</i> *Schizophrenia: F20.0-F20.5, F20.81, F20.89 *Major depression: F32.0 - F32.4, F33.0 - F33.3 *Bipolar I disorder: F30.10-F30.13, F30.2 - F30.9</p>	<p>See SMI example for format and required information</p>
<p>Procedure (e.g., CPT, HCPCS) or revenue codes used to identify/define service requirements^b</p> <p>If the state is not using procedure or revenue codes, the state should include the data source(s) (e.g., state-specific codes) used to identify/define service requirements.</p>	<p><i>EXAMPLE^a</i> *Outpatient: 98960-98962, 99211-99215, G0155, G0176, G0177, G0409, 0510, 0513, 0515-0517</p>	<p>See SMI example for format and required information</p>

^aThe examples are based on a definition of SMI from the National Committee for Quality Assurance (NCQA). The examples provided are intended to be illustrative only. The example codes provided are not comprehensive.

^bStates may choose to include codes as separate tabs in this workbook.

Medicaid Section 1115 SMI/SED Demonstrations Monitoring Protocol (Part A) - Planned subpopulations (Version 3.0)

State [State Name - automatically populated]
Demonstration Name [Demonstration Name - automatically populated]

Table: Serious Mental Illness and Serious Emotional Disturbance Planned Subpopulations

Subpopulation category	Subpopulations	Reporting priority	Relevant metrics	Subpopulation type
<i>EXAMPLE:</i> Age group (Do not delete or edit this row)	<i>EXAMPLE:</i> Children (Age<16), Transition-age youth (Age 16-24), Adults (Age 25–64), Older adults (Age 65+)	<i>EXAMPLE:</i> Required	<i>EXAMPLE:</i> Metrics #11, 12, 13, 14, 15, 16, 17, 18, 21, 22	<i>EXAMPLE:</i> CMS-provided
Standardized definition of SMI	Individuals who meet the standardized definition of SMI	Required	Metrics #13, 14, 15, 16, 17, 18, 21, 22	CMS-provided
State-specific definition of SMI	Individuals who meet the state-specific definition of SMI	Required	Metrics #13, 14, 15, 16, 17, 18, 21, 22	State-specific
Age group	Children (Age<16), Transition-age youth (Age 16-24), Adults (Age 25–64), Older adults (Age 65+)	Required	Metrics #11, 12, 13, 14, 15, 16, 17, 18, 21, 22	CMS-provided
Dual-eligible status	Dual-eligible (Medicare-Medicaid eligible), Medicaid only	Required	Metrics #13, 14, 15, 16, 17, 18, 21, 22	CMS-provided
Disability	Eligible for Medicaid on the basis of disability, Not eligible for Medicaid on the basis of disability	Recommended	Metrics #13, 14, 15, 16, 17, 18, 21, 22	CMS-provided
Criminal justice status	Criminally involved, Not criminally involved	Recommended	Metrics #13, 14, 15, 16, 17, 18, 21, 22	CMS-provided
Co-occurring SUD	Individuals with co-occurring SUD	Recommended	Metrics #13, 14, 15, 16, 17, 18, 21, 22	CMS-provided
Co-occurring physical health conditions	Individuals with co-occurring physical health conditions	Recommended	Metrics #13, 14, 15, 16, 17, 18, 21, 22	CMS-provided
State-specific subpopulations				
<i>[Insert row(s) for any state-specific subpopulation(s)]</i>				

		Attest that planned subpopulation reporting within each category matches the description in the CMS-provided technical specifications manual (Y/N)	
Subpopulation category	Subpopulations	State will report (Y/N)	
<i>EXAMPLE:</i> Age group (Do not delete or edit this row)	<i>EXAMPLE:</i> Children (Age<16), Transition-age youth (Age 16-24), Adults (Age 25–64), Older adults (Age 65+)	<i>EXAMPLE:</i> Y	<i>EXAMPLE:</i> N
Standardized definition of SMI	Individuals who meet the standardized definition of SMI		
State-specific definition of SMI	Individuals who meet the state-specific definition of SMI		
Age group	Children (Age<16), Transition-age youth (Age 16-24), Adults (Age 25–64), Older adults (Age 65+)		
Dual-eligible status	Dual-eligible (Medicare-Medicaid eligible), Medicaid only		
Disability	Eligible for Medicaid on the basis of disability, Not eligible for Medicaid on the basis of disability		
Criminal justice status	Criminally involved, Not criminally involved		
Co-occurring SUD	Individuals with co-occurring SUD		
Co-occurring physical health conditions	Individuals with co-occurring physical health conditions		
State-specific subpopulations			
<i>[Insert row(s) for any state-specific subpopulation(s)]</i>			

		Subpopulations
Subpopulation category	Subpopulations	If the planned reporting of subpopulations does not match (i.e., column G = “N”), list the subpopulations state plans to report (Format comma separated) ^{a,b,c}
<i>EXAMPLE:</i> Age group (Do not delete or edit this row)	<i>EXAMPLE:</i> Children (Age<16), Transition-age youth (Age 16-24), Adults (Age 25–64), Older adults (Age 65+)	<i>EXAMPLE:</i> Children/Young adults (ages 12-20), Adults (ages 21-65)
Standardized definition of SMI	Individuals who meet the standardized definition of SMI	
State-specific definition of SMI	Individuals who meet the state-specific definition of SMI	
Age group	Children (Age<16), Transition-age youth (Age 16-24), Adults (Age 25–64), Older adults (Age 65+)	
Dual-eligible status	Dual-eligible (Medicare-Medicaid eligible), Medicaid only	
Disability	Eligible for Medicaid on the basis of disability, Not eligible for Medicaid on the basis of disability	
Criminal justice status	Criminally involved, Not criminally involved	
Co-occurring SUD	Individuals with co-occurring SUD	
Co-occurring physical health conditions	Individuals with co-occurring physical health conditions	
State-specific subpopulations		
<i>[Insert row(s) for any state-specific subpopulation(s)]</i>		

		Relevant metrics	
Subpopulation category	Subpopulations	Attest that metrics reporting for subpopulation category matches CMS-provided technical specifications manual (Y/N)	If the planned reporting of relevant metrics does not match (i.e., column I = "N"), list the metrics for which state plans to report for each subpopulation category (Format: metric number, comma separated)
<i>EXAMPLE:</i> Age group (Do not delete or edit this row)	<i>EXAMPLE:</i> Children (Age<16), Transition-age youth (Age 16-24), Adults (Age 25–64), Older adults (Age 65+)	<i>EXAMPLE:</i> N	<i>EXAMPLE:</i> 11, 12, 13, 14
Standardized definition of SMI	Individuals who meet the standardized definition of SMI		
State-specific definition of SMI	Individuals who meet the state-specific definition of SMI		
Age group	Children (Age<16), Transition-age youth (Age 16-24), Adults (Age 25–64), Older adults (Age 65+)		
Dual-eligible status	Dual-eligible (Medicare-Medicaid eligible), Medicaid only		
Disability	Eligible for Medicaid on the basis of disability, Not eligible for Medicaid on the basis of disability		
Criminal justice status	Criminally involved, Not criminally involved		
Co-occurring SUD	Individuals with co-occurring SUD		
Co-occurring physical health conditions	Individuals with co-occurring physical health conditions		
State-specific subpopulations			
<i>[Insert row(s) for any state-specific subpopulation(s)]</i>			

Medicaid Section 1115 SMI/SED Demonstrations Monitoring Protocol (Part A) - Reporting schedule (Version 3.0)

State [State Name - automatically populated]
Demonstration Name [Demonstration Name - automatically populated]

Instructions:

(1) In the reporting periods input table (Table 1), use the prompt in column A to enter the requested information in the corresponding row of column B. All monitoring periods should use the format MM/DD/YYYY with no spaces in the cell. The information entered in these cells will auto-populate the SMI/SED demonstration reporting schedule table to be accurately auto-populated.

(2) Review the state's reporting schedule in the SMI/SED demonstration reporting schedule table (Table 2). For each of the reporting categories listed in column F, select whether the state plans to report according to the standard reporting schedule. If a state's planned reporting does not match the standard reporting schedule for any quarter, enter deviations in column I, "Explanation for deviations (if column H="Y")" and use column J, "Proposed deviation in measurement period from standard reporting schedule" to overwrite the standard schedule (column G). All other columns are locked for editing and should not be altered by the state.

Table 1. Serious Mental Illness and Serious Emotional Disturbance Reporting Periods Input Table

	Demonstration reporting periods/dates
Dates of first SMI/SED demonstration year:	
Start date (MM/DD/YYYY)	
End date (MM/DD/YYYY)	
Dates of first quarter of the baseline reporting period for CMS-constructed metrics:	
Reporting period (SMI/SED DY and Q) (Format DY#Q#; e.g., DY1Q1)	
Start date (MM/DD/YYYY) ^a	
End date (MM/DD/YYYY)	
Broader section 1115 demonstration reporting period corresponding with the first SMI/SED reporting quarter, if applicable. If there is no broader demonstration, fill in the first SMI/SED reporting period. (Format DY#Q#; e.g., DY3Q1)	
First SMI/SED monitoring report due date (per STCs) (MM/DD/YYYY)	
First SMI/SED monitoring report in which the state plans to report annual metrics that are established quality measures (EQMs):	
Baseline period for EQMs (Format CY#; e.g., CY2019)	
SMI/SED DY and Q associated with monitoring report (Format DY#Q#; e.g., DY1Q1)	
SMI/SED DY and Q start date (MM/DD/YYYY)	
SMI/SED DY and Q end date (MM/DD/YYYY)	
Dates of last SMI/SED reporting quarter:	
Start date (MM/DD/YYYY)	
End date (MM/DD/YYYY)	

Table 2. Serious Mental Illness and Serious Emotional Disturbance Demonstration Reporting Schedule

SMI/SED reporting quarter start date (MM/DD/YYYY)	SMI/SED reporting quarter end date (MM/DD/YYYY)	Monitoring report due (per STCs) (MM/DD/YYYY)	Broader section 1115 reporting period, if applicable; else SMI/SED reporting period (Format DY#Q#; e.g., DY1Q3)

Table 2. Serious Mental Illness and Serious Emotional Disturbance Demonstration Reporting Schedule

SMI/SED reporting quarter start date (MM/DD/YYYY)	SMI/SED reporting quarter end date (MM/DD/YYYY)	Monitoring report due (per STCs) (MM/DD/YYYY)	Broader section 1115 reporting period, if applicable; else SMI/SED reporting period (Format DY#Q#; e.g., DY1Q3)

Table 2. Serious Mental Illness and Serious Emotional Disturbance Demonstration Reporting Schedule

SMI/SED reporting quarter start date (MM/DD/YYYY)	SMI/SED reporting quarter end date (MM/DD/YYYY)	Monitoring report due (per STCs) (MM/DD/YYYY)	Broader section 1115 reporting period, if applicable; else SMI/SED reporting period (Format DY#Q#, e.g., DY1Q3)

Table 2. Serious Mental Illness and Serious Emotional Disturbance Demonstration Reporting Schedule

SMI/SED reporting quarter start date (MM/DD/YYYY)	SMI/SED reporting quarter end date (MM/DD/YYYY)	Monitoring report due (per STCs) (MM/DD/YYYY)	Broader section 1115 reporting period, if applicable; else SMI/SED reporting period (Format DY#Q#, e.g., DY1Q3)

Table 2. Serious Mental Illness and Serious Emotional Disturbance Demonstration Reporting Schedule

SMI/SED reporting quarter start date (MM/DD/YYYY)	SMI/SED reporting quarter end date (MM/DD/YYYY)	Monitoring report due (per STCs) (MM/DD/YYYY)	Broader section 1115 reporting period, if applicable; else SMI/SED reporting period (Format DY#Q#; e.g., DY1Q3)

Table 2. Serious Mental Illness and Serious Emotional Disturbance Demonstration Reporting Schedule

SMI/SED reporting quarter start date (MM/DD/YYYY)	SMI/SED reporting quarter end date (MM/DD/YYYY)	Monitoring report due (per STCs) (MM/DD/YYYY)	Broader section 1115 reporting period, if applicable; else SMI/SED reporting period (Format DY#Q#, e.g., DY1Q3)

[Add rows for all additional demonstration reporting quarters]

^a **SMI/SED demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the effective date listed in the state’s STCs at time of approval. For example, if a state’s STCs list an effective date of January 1, 2020, CMS will consider January 1, 2020 to be the start date of the demonstration. Note that the effective date is considered to be the first day the state may begin its SMI/SED demonstration. For example, CMS may approve an extension request on December 15, 2020, with an effective date of January 1, 2021 for the new demonstration period. In many cases, the start date will be the first day of a month. If a state’s SMI/SED demonstration begins on any day other than the first day of the month, the state should list its start date as the first day of the month. Please see Appendix A of the Monitoring Protocol Instructions for more information on determining demonstration quarter timing.

^b The auto-populated reporting schedule in Table 2 outlines the data the state is expected to report for each SMI/SED demonstration year and quarter. However, the state must obtain protocol approval.

AA# refers to the Annual Assessment of the Availability of Mental Health Services (“Annual Availability Assessment”) and the SMI/SED DY in which the Annual Availability Assessment should be reported as of the month and day indicated in the state’s approved monitoring protocol. If the state cannot submit its Annual Availability Assessment by the deadline, the state should report the AA# as “N/A”.

SMI/SED reporting period (Format DY#Q#, e.g., DY1Q3)	Reporting category	For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY#Q#, e.g., DY1Q3) ^b SMI/SED	Deviation from standard reporting schedule (Y/N)
	Narrative information		
	Grievances and appeals		
	Other monthly and quarterly metrics		
	Annual availability assessment		
	Annual metrics that are established quality measures		
	Other annual metrics		
	Narrative information		
	Grievances and appeals		
	Other monthly and quarterly metrics		
	Annual availability assessment		
	Annual metrics that are established quality measures		
	Other annual metrics		
	Narrative information		
	Grievances and appeals		
	Other monthly and quarterly metrics		
	Annual availability assessment		
	Annual metrics that are established quality measures		
	Other annual metrics		
	Narrative information		
	Grievances and appeals		
	Other monthly and quarterly metrics		
	Annual availability assessment		
	Annual metrics that are established quality measures		
	Other annual metrics		
	Narrative information		
	Grievances and appeals		
	Other monthly and quarterly metrics		
	Annual availability assessment		
	Annual metrics that are established quality measures		
	Other annual metrics		
	Narrative information		
	Grievances and appeals		
	Other monthly and quarterly metrics		
	Annual availability assessment		

SMI/SED reporting period (Format DY#Q#; e.g., DY1Q3)	Reporting category	For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY#Q#; e.g., DY1Q3) ^b SMI/SED	Deviation from standard reporting schedule (Y/N)
	Annual metrics that are established quality measures		
	Other annual metrics		

SMI/SED reporting period (Format DY#Q#, e.g., DY1Q3)	Reporting category	For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY#Q#, e.g., DY1Q3) ^b SMI/SED	Deviation from standard reporting schedule (Y/N)
	Narrative information		
	Grievances and appeals		
	Other monthly and quarterly metrics		
	Annual availability assessment		
	Annual metrics that are established quality measures		
	Other annual metrics		
	Narrative information		
	Grievances and appeals		
	Other monthly and quarterly metrics		
	Annual availability assessment		
	Annual metrics that are established quality measures		
	Other annual metrics		
	Narrative information		
	Grievances and appeals		
	Other monthly and quarterly metrics		
	Annual availability assessment		
	Annual metrics that are established quality measures		
	Other annual metrics		
	Narrative information		
	Grievances and appeals		
	Other monthly and quarterly metrics		
	Annual availability assessment		
	Annual metrics that are established quality measures		
	Other annual metrics		

SMI/SED reporting period (Format DY#Q#, e.g., DY1Q3)	Reporting category	For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY#Q#, e.g., DY1Q3) ^b SMI/SED	Deviation from standard reporting schedule (Y/N)
	Narrative information		
	Grievances and appeals		
	Other monthly and quarterly metrics		
	Annual availability assessment		
	Annual metrics that are established quality measures		
	Other annual metrics		
	Narrative information		
	Grievances and appeals		
	Other monthly and quarterly metrics		
	Annual availability assessment		
	Annual metrics that are established quality measures		
	Other annual metrics		
	Narrative information		
	Grievances and appeals		
	Other monthly and quarterly metrics		
	Annual availability assessment		
	Annual metrics that are established quality measures		
	Other annual metrics		
	Narrative information		
	Grievances and appeals		
	Other monthly and quarterly metrics		
	Annual availability assessment		
	Annual metrics that are established quality measures		
	Other annual metrics		
	Narrative information		
	Grievances and appeals		
	Other monthly and quarterly metrics		
	Annual availability assessment		
	Annual metrics that are established quality measures		
	Other annual metrics		

SMI/SED reporting period (Format DY#Q#, e.g., DY1Q3)	Reporting category	For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY#Q#, e.g., DY1Q3) ^b SMI/SED	Deviation from standard reporting schedule (Y/N)
	Narrative information		
	Grievances and appeals		
	Other monthly and quarterly metrics		
	Annual availability assessment		
	Annual metrics that are established quality measures		
	Other annual metrics		
	Narrative information		
	Grievances and appeals		
	Other monthly and quarterly metrics		
	Annual availability assessment		
	Annual metrics that are established quality measures		
	Other annual metrics		
	Narrative information		
	Grievances and appeals		
	Other monthly and quarterly metrics		
	Annual availability assessment		
	Annual metrics that are established quality measures		
	Other annual metrics		
	Narrative information		
	Grievances and appeals		
	Other monthly and quarterly metrics		
	Annual availability assessment		
	Annual metrics that are established quality measures		
	Other annual metrics		

SMI/SED reporting period (Format DY#Q#; e.g., DY1Q3)	Reporting category	For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY#Q#; e.g., DY1Q3) ^b SMI/SED	Deviation from standard reporting schedule (Y/N)
	Narrative information		
	Grievances and appeals		
	Other monthly and quarterly metrics		
	Annual availability assessment		
	Annual metrics that are established quality measures		
	Other annual metrics		

Reporting Schedule

of SMI/SED demonstration approval. For example, if the state’s STCs at the time of SMI/SED demonstration approval note that the demonstration is effective January 1, 2020 – that is, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date also differs from the date a state begins implementing its demonstration. To generate an accurate reporting schedule, the start date as listed in Table 1 of the “SMI/SED Reporting Schedule” should be the first day of the month in which the effective date occurs. For example, if a state’s effective date is listed as January 15, 2020, the state should indicate “01/01/2020” as the start date in the reporting schedule.

A state is not expected to begin reporting any metrics data until after protocol approval. The state should see Section B of the Monitoring Report Instructions for more information on reporting metrics.

An Annual Availability Assessment will be submitted (for example, “AA1” refers to the Annual Availability Assessment that will be submitted with the state’s annual monitoring report for SMI/SED demonstration approval). When a state submits its Annual Availability Assessments when it submits its annual monitoring reports, it should propose and describe a reporting deviation in Columns G and H.

Explanation for deviations (if column H="Y")	Proposed deviation in measurement period from standard reporting schedule in column G (Format DY#Q#; e.g., DY1Q3)

Explanation for deviations (if column H="Y")	Proposed deviation in measurement period from standard reporting schedule in column G (Format DY#Q#, e.g., DY1Q3)

Explanation for deviations (if column H="Y")	Proposed deviation in measurement period from standard reporting schedule in column G (Format DY#Q#, e.g., DY1Q3)

Explanation for deviations (if column H="Y")	Proposed deviation in measurement period from standard reporting schedule in column G (Format DY#Q#, e.g., DY1Q3)

Table 1 of the "SMI-SED reporting schedule" tab should align

December 31, 2025, the state should
 effective date that is in the future. For
 "/SED reporting schedule" tab should align
 Table 1 of the "SMI-SED reporting

retrospective reporting of data following

l/SED DY1). Data in each Annual