**Medicaid Section 1115 Serious Mental Illness and Serious
Emotional Disturbance Demonstrations
Monitoring Protocol Instructions**

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A. Introduction

The Centers for Medicare & Medicaid Services (CMS) has developed tools and guidance to help each state meet the reporting requirements in its special terms and conditions (STC) for its section 1115 serious mental illness and serious emotional disturbance (SMI/SED) demonstration. Tools to support demonstration monitoring include the instructions and templates for the monitoring protocol and monitoring report, and the Medicaid Section 1115 SMI/SED Demonstrations: Technical Specifications for Monitoring Metrics (hereafter referred to as "technical specifications manual"). Table 1 describes these tools and their components.

Each state should use the CMS-provided monitoring protocol tools to develop its monitoring protocol, which should describe the state's monitoring plans for its SMI/SED demonstration and be submitted to CMS no later than 150 calendar days from the start date of the approval period of the demonstration, as described in the STCs.[1] The structure and format of these tools are intended to ensure that information is provided in a standardized manner across states. A state that encounters challenges using these tools should contact the section 1115 demonstration monitoring and evaluation mailbox (1115MonitoringAndEvaluation@cms.hhs.gov), copying the CMS demonstration team on the message.

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[1] This can vary depending on a state's STCs and other considerations provided by CMS to a state.

Table 1. Monitoring tools and component documents

Tool	Description	Component documents
Monitoring protocol	- Describes what the state agrees to report in its quarterly and annual monitoring reports, developed collaboratively with CMS - In Part A, the state will identify the monitoring metrics and subpopulations it plans to report and will confirm its reporting schedule. - In Part B, the state will agree to provide narrative information reporting, Annual Availability Assessment reporting, budget neutrality reporting, and retrospective reporting, if applicable.	- Instructions - Monitoring protocol - Part A (Monitoring Protocol Workbook) - Part B (Monitoring Protocol Template)
Monitoring report	- Standardized component documents for the state to submit quarterly and annual monitoring reports according to approved monitoring protocol - In Part A, the state will submit approved monitoring metrics and its Annual Availability Assessment - In Part B, the state will include qualitative summaries of metrics trends and implementation updates - In Part C, the state will submit standardized financial/budget neutrality workbook	- Instructions - Monitoring report - Part A (Monitoring Report Workbook) - Part B (Monitoring Report Template) - Part C (Financial/Budget Neutrality Workbook)
Technical specifications for monitoring metrics	Technical specifications for CMS-provided monitoring metrics for SMI/SED demonstrations	- Technical specifications manual - Supporting value sets

B. Instructions for completing a monitoring protocol

A state's monitoring protocol will consist of a Monitoring Protocol Workbook (Part A) and a completed Monitoring Protocol Template (Part B).

1. **Complete the Monitoring Protocol Workbook (Part A) and Monitoring Protocol Template (Part B):**

   Note: If a state's section 1115 SMI/SED demonstration is part of a broader demonstration, CMS will work with the state to ensure there is no duplication in the reporting requirements for different components of the demonstration. For example, CMS may work with a state to avoid duplication in selecting metrics within Part A and selecting reporting topics within Part B (for example, SMI/SED demonstrations operations and policy, budget neutrality, SMI/SED demonstration and evaluation update, other SMI/SED demonstration reporting, and notable state achievements and/or innovations).

   1a) Complete Part A: Monitoring Protocol Workbook. Part A is an Excel file which includes a (1) "SMI-SED planned metrics" tab in which the state will identify the metrics it plans to report, a (2) "SMI-SED definitions" tab in which the state will describe its demonstration population and the SMI and SED definitions it will use to calculate the monitoring metrics, a (3) "SMI-SED planned subpopulations" tab, in which the state will

identify the subpopulations it plans to report for specified metrics, and a (4) "SMI-SED reporting schedule" tab in which the state will complete a proposed reporting schedule. The instructions for these tabs are presented according to the order of the columns listed in each tab.

- **"SMI-SED planned metrics" tab.** The state should review the CMS-provided metrics listed in the "SMI-SED planned metrics" tab of Part A and the current version of the CMS-provided metrics technical specifications manual. The technical specifications manual can be accessed on the Performance Management Database and Analytics (PMDA) system on the *"Reference Materials"* page.[2] The link to the *"Reference Materials"* page is available on the right side of the state's demonstration dashboard. The state should determine the metrics it plans to report, including all required CMS-provided metrics and any recommended CMS-provided metrics, as well as any state-specific metrics (including health information technology [IT] metrics). After reviewing these materials, the state should populate the rows of the header in the "SMI-SED metrics" tab (State and Demonstration) – this information will populate the headers in the other tabs of Part A ("SMI-SED definitions," "SMI-SED planned subpopulations," and "SMI-SED reporting schedule" tabs). Complete the remainder of the "SMI-SED planned metrics" tab according to the following guidance:

  - **CMS-provided metrics**

    - **Standard information on CMS-provided metrics.** The following columns of the "SMI-SED planned metrics" tab (columns A-J) contain standard information on CMS-provided metrics:

      - *Number (#)*

      - *Metric name*

      - *Metric description*

      - *Milestone or reporting topic* (milestone number, "other SMI/SED-related metric")[3]

      - *Metric type* (CMS-constructed or established quality measure)

      - *Reporting category* (grievances and appeals, other monthly and quarterly metric, annual metric that is an established quality measure, and other annual metric)

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[2] The technical specifications manual can be accessed on PMDA in the Reference Materials section after completing the National Measure Stewards Terms and Conditions 'Point and Click' Agreement. This agreement should automatically appear when a state downloads the technical specifications manual.

[3] The milestones correspond with those listed in State Medicaid Director Letter #18-011, which announced the SMI/SED demonstration opportunity. The full letter is available here: https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/smd18011.pdf.

- o *Data source*

- o *Measurement period* (year, quarter, or month)

- o *Reporting frequency* (annually or quarterly)

- o *Reporting priority* (required or recommended)

Metric type (column E) describes whether the metric is CMS-constructed or an established quality measure. This should be used to inform the baseline reporting period for each metric. *Reporting category* (column F) is used to determine the reporting schedule for including metrics in monitoring reports. See Appendix A of this document, and the CMS-provided technical specifications manual, for additional guidance on reporting categories and reporting guidelines.

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

- **State-specific metrics**

  - **Health IT metrics.** The state is expected to identify metrics to measure progress on its SMI/SED health IT plan. The state should enter its selected health IT metrics in the rows in the "SMI-SED planned metrics" tab numbered Q1 through Q3. For each key health IT question listed below, the state is required to either: (1) select a metric from the list of sample metrics in Table 2 or (2) identify its own metric that addresses the question.

Table 2. Key health IT questions and sample metrics

Key health questions	Sample metrics

1. How is information technology being used to identify individuals with SMI/SED?	• Connecting behavioral and mental health providers to health information exchange (HIE)
	   o Sample process measure: Number of behavioral health providers connected to HIE
	   o Sample process measure: Number of inpatient psychiatric facilities connected to HIE
	• Connecting community-based organizations to HIE
	   o Sample process measure: Number of community-based organizations connected to HIE (i.e. residential treatment facilities, housing programs)
	• Connecting primary care providers (PCPs) to HIE
	   o Sample process measure: Number of PCPs connected to HIE
	• Connecting emergency medical service (EMS) providers to HIE
	   o Sample process measure: Number of EMS providers connected to HIE
	• Use of technology in screening/assessment
	   o Sample process measure: Number of providers using structured data capture for screening, intake and/or assessment
	   o Sample process measure: Number of providers using speech-analysis technology[a] to detect schizophrenia
	• Connecting jails/criminal justice to HIE
	   o Sample process measure: Number of jails/criminal justice systems connected to HIE

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

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

[a] Lafrance, A. "Computers Can Predict Schizophrenia Based on How a Person Talks." 2015. Available at https://www.theatlantic.com/technology/archive/2015/08/speech-analysis-schizophrenia-algorithm/402265/.

CFR = Code of Federal Regulations, EMS = Emergency Medical Services, HIE = Health Information Exchange, HIPPA = Heath Insurance Portability and Accountability Act, PCP = Primary Care Provider, SED = Serious Emotional Disturbance, SMI = Serious Mental Illness.

- ▪ **Additional state-specific metrics.** If a state chooses to report on additional monitoring metrics beyond those provided by CMS (i.e., state-specific metrics), or beyond the minimum three required health IT metrics, it should add rows for each additional metric to the bottom of the "SMI-SED planned metrics" tab, using the numbering convention noted below under "Standard information on state-specific metrics."

- ▪ **Standard information on state-specific metrics.** The state should populate the standard information columns for state-specific metrics, including health IT metrics, according to the following guidance (columns A-J):

  - o *Number (#)*: The state should number any additional state-specific metrics, including any *additional* health IT metrics, according to the following numbering convention: S1, S2, S3, etc. Please note that the three required health IT metrics are numbered Q1, Q2, and Q3 to align with the three key health IT questions.

  - o *Metric name and Metric description:* The state should provide a metric name and description with levels of detail similar to that provided for the CMS-provided metrics.

  - o *Milestone or reporting topic:* The state should populate this column with the milestone or reporting topic associated with the metric (the milestone number, "Health IT", "other SMI/SED-related metric").

  - o *Metric type:* The state should populate this column with "state-specific."

  - o *Reporting category:* The state should populate this column with the metric's reporting category (grievances and appeals, other monthly and quarterly metric, annual metric that is an established quality measure, and other annual metric). The state should use this classification to determine the reporting schedule for the metric.

  - o *Data source*: The state should provide a data source description with a level of detail similar to that provided for the CMS-provided metrics.

  - o *Measurement period* (year, quarter, or month)

  - o *Reporting frequency* (annually or quarterly)

  - o *Reporting priority*: The state should populate this column as "state-specific" for all state-specific metrics except health IT, for which this column is pre-populated as "required."

- – **Plans to report metrics.** The column *"State will report (Y/N)"* (column K) identifies whether the state plans to report each metric. The state should use the drop-down option in this column, selecting Y or N to indicate whether it will include each metric in its reporting. In addition, the state should mark Y for all state-specific metrics.

- **Baseline reporting period.** For each metric, the state should provide a baseline reporting period. The state should provide this information in the column *"Baseline reporting period (MM/DD/YYYY—MM/DD/YYYY)"* (column L). For additional guidance regarding baseline periods for each metric type, the state should review Appendix B.

- **Demonstration target and annual goals.** According to the state's STCs, the state must provide (1) a target to be achieved by the end of the demonstration and (2) an annual goal for closing the gap between baseline and the demonstration target for each metric. The state should provide the annual goal and demonstration target in columns M and N:

  - *Annual goal* (increase, consistent, or decrease)

  - *Overall demonstration target* (increase, consistent, or decrease)

  For all metrics, demonstration targets and annual goals can be directional (increase, consistent, or decrease), rather than values. For additional guidance selecting annual goals and demonstration targets, please review Appendix C.

  CMS developed specific guidance for selecting an annual goal and overall demonstration target for Metrics #19a and #19b (Average Length of Stay [ALOS] in Institutions for Mental Diseases [IMDs]). Please review the instructions for each scenario below:

  - If the ALOS in IMDs is known to be greater than 30 days prior to the demonstration, the state's annual goal should be to "decrease" the ALOS in IMDs to achieve an overall demonstration target of "no more than 30 days."

  - If the state's ALOS in IMDs is known to be less than 30 days prior to the demonstration – or if the state's ALOS is unknown – CMS understands that the state may initially observe and report an increase in the ALOS as the state expands coverage for care in IMDs during the demonstration. In this case, the state should indicate that its goal is to "stabilize" its current ALOS to achieve an overall demonstration target of "no more than 30 days."

- **Alignment with CMS-provided technical specifications manual.** The column *"Attest that planned reporting matches the CMS-provided technical specifications manual (Y/N)"* (column O) identifies whether a state plans to report each metric according to the CMS-provided technical specifications manual. The state should use the drop-down option in this column, selecting Y or N to indicate whether planned reporting matches the CMS-provided technical specifications manual for each CMS-provided metric. If a state's planned reporting does not match the CMS-provided specifications, the state should describe these deviations in the provided column *"Explanation of any deviations from the CMS-provided technical specifications manual"* (column P). For example, in the provided column, a state may describe its plans to use—for a given metric—diagnosis or procedure codes that are not included

in the CMS-provided technical specifications manual. The state should select N for all state-specific metrics, but does not need to provide an explanation in column P.

- **Phased-in metrics reporting.** The state should review the detailed guidance on metrics reporting and calculation in Appendix A to assist in determining whether it will need to begin reporting a metric later than expected according to the current guidance.

  - The state should select Y or N, using the options in column Q, *"State plans to phase in reporting (Y/N),"* to indicate whether it plans to begin reporting a metric later than expected (according to the guidance in Appendix A). If the state does not plan to phase in a metric, it should enter "N" in this column.

  - The state should list the demonstration year (DY) and quarter (Q) during which it will begin reporting on this metric in the column "*Report in which metric will be phased in (SMI/SED DY and Q; Format: DY1Q3)"* (column R).

  - In the column *"Explanation of any plans to phase in reporting over time"* (column S), the state should describe and justify plans to phase in the metric reporting. For example, a state may note that it plans to begin reporting a metric later than expected because it will not have data available to support reporting until the following year.

- **"SMI-SED definitions" tab.** The state should describe the populations covered by the demonstration. The state should provide its definitions of SMI and SED by including a list of diagnosis codes and service requirements. The definitions included in the state's monitoring protocol should not change over the course of the demonstration.

- **"SMI-SED planned subpopulations" tab**. The state should review the subpopulation categories listed and defined in columns A and B of the "SMI-SED subpopulations" tab of Part A; the state should also review the CMS-provided technical specifications manual for guidance on reporting CMS-provided and state-specific subpopulations. After reviewing these materials, the state should complete the "SMI-SED planned subpopulations" tab to identify the subpopulations on which it plans to report according to the following guidance:

  - **Standard information on CMS-provided subpopulations**. The following columns of the "SMI-SED planned subpopulations" tab contain standard information on the CMS-provided subpopulations (columns A-E):

    - *Subpopulation category*

    - *Subpopulations*

    - *Reporting priority* (required or recommended)

    - *Relevant metrics* (metrics for which the subpopulation category applies as defined by the technical specifications manual)

- ▪ *Subpopulation type* (CMS-provided)

  Standard information on CMS-provided subpopulations cannot be altered by the state. However, the state can propose modifications in the columns "*If the planned reporting of subpopulations does not match (i.e., column G = "N"), list the subpopulations state plans to report*" (column H) and "*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*" (column J). See "Alignment with CMS-provided technical specifications manual" sections below for further guidance.

- – **Plans to report the subpopulation category.** The column "*State will report (Y/N)*" (column F) identifies whether a state plans to report the subpopulation category. The state should use the drop-down option in this column, selecting Y or N to indicate whether it will include each subpopulation category in its reporting. The state should mark Y for all state-specific subpopulations. Note that reporting of some subpopulation categories is required.

- – **State-specific subpopulations**. If a state chooses to report on additional subpopulations, it should add rows for each state-specific subpopulation to the bottom of the "SMI-SED planned subpopulations" tab. See the CMS-provided technical specifications manual for further guidance on state-specific subpopulations.

- – **Standard information on state-specific subpopulations.** For state-specific subpopulations, the state should populate the following columns according to this guidance (columns A-E):

  - ▪ *Subpopulation category:* For each subpopulation category on which the state plans to report, it should populate this column with the name of the subpopulation category (for example, "Delivery system").

  - ▪ *Subpopulations:* The state should populate this column with the subpopulations associated with the subpopulation category (for example, "managed care population, fee-for-service population").

  - ▪ *Reporting priority*: The state should populate this column as "state-specific" for all state-specific subpopulations.

  - ▪ *Relevant metrics:* The state should populate this column with the metrics it plans to report for each state-specific subpopulation (for example, "All planned metrics").

  - ▪ *Subpopulation type*: The state should populate this column (column E) as "state-specific" for all state-specific subpopulations.

- – **Alignment with CMS-provided technical specifications manual for subpopulations within each subpopulation category.** The state should attest that it

will report the subpopulations within each category as outlined in the CMS-provided technical specifications manual using the drop-down options in the column "*Attest that planned subpopulation reporting within each category matches the description in the CMS-provided technical specifications manual (Y/N)*" (column G). For subpopulation categories where reporting will not match the CMS-provided technical specifications manual, the state should list the subpopulations it plans to report in column H, "*If the planned reporting of subpopulations does not match [i.e., column G = "N"], list the subpopulations state plans to report.*" For example, subpopulations that deviate from those outlined in the technical specifications manual may include reporting on three of the four age groups specified within the "Age group" subpopulation category.

- **Alignment with CMS-provided technical specifications manual for relevant metrics.** The relevant metrics associated with each subpopulation category as specified by the technical specifications manual are listed in the column "*Relevant metrics*" (column D). The state should attest that it will report the associated metrics for the subpopulation categories using the drop-down options in the column "*Attest that metrics reporting for subpopulation category matches CMS-provided technical specifications manual (Y/N)*" (column I).

  If a state does not plan to report the associated metrics for a subpopulation category, it should list the metrics it plans to report at the subpopulation level in the column "*If the planned reporting of relevant metrics does not match (i.e., Column I = "N"), list the metrics for which the state plans to report for each subpopulation category*" (column J). For example, Metrics #13-18, 21-22 should be reported for the "Dual-eligible status" subpopulation category. If only Metrics #13-18 can be reported for the "Dual-eligible status" subpopulation category, but not Metrics #21-22, the state would mark N in column I and list "13, 14, 15, 16, 17, 18" in column J.

  For metrics a state is planning to report, the state should use columns I and J to document the planned subpopulation category reporting for those that do not match the prescribed subpopulation category for the technical specifications manual. The state should enter this information for both required and recommended subpopulation categories. The state does not need to include information in this section for metrics it does not plan to report.

  For any state-specific metrics (including health IT), the state should use column J to list the state-specific metrics it plans to report for each subpopulation category. The state should mark N in column I. Please note, reporting on subpopulation categories for state-specific metrics is not required.

- **"SMI-SED reporting schedule" tab.** To complete this tab, the state should first review Appendix A of the instructions document, which describes expectations for reporting metrics and other monitoring information. The state should then populate Table 1 in the "SMI-SED reporting schedule" tab as described below. Based on the state's responses

to Table 1, the workbook will auto-generate a standard reporting schedule for the state in the SMI/SED demonstration reporting schedule table (Table 2). The state will then have the opportunity to indicate whether it will follow CMS's guidance on reporting metrics and narrative information, or propose any deviations.

The state should complete the "SMI/SED reporting schedule" tab according to the following guidance:

− **Reporting periods input table (Table 1).** The state should use the prompt in column A to enter the requested information in the corresponding row of column B, *"Demonstration reporting periods/dates."* For the workbook to generate a standard reporting schedule for review by the state, it is important that the state's responses in Table 1 adhere to the reporting guidance in Appendix A of the instructions document. The state should complete each section of Table 1 as follows:

  ▪ *Dates of first SMI/SED reporting quarter*: The state should populate these rows with 1) the name of the SMI/SED demonstration year and quarter associated with the first quarterly monitoring report (usually SMI/SED DY1Q1), 2) the start date of this reporting quarter (usually the SMI/SED demonstration start date),[4] and 3) the end date of the first reporting quarter.

  ▪ *Broader section 1115 demonstration reporting period corresponding with the first SMI/SED reporting quarter, if applicable. If there is no broader section 1115 demonstration, fill in the first SMI/SED demonstration reporting period.* If a state's SMI/SED demonstration is part of a broader section 1115 demonstration, the state should populate this row with the demonstration year and quarter of the state's broader section 1115 demonstration that correspond with the first SMI/SED demonstration reporting period. If the state's SMI/SED demonstration is not part of a broader section 1115 demonstration, the state should populate this row with the demonstration year and quarter that correspond with the state's first SMI/SED demonstration reporting period.

  ▪ *First SMI/SED report due date (per STCs schedule).* The state should populate this row with the calendar date on which the first SMI/SED monitoring report is due, according to the requirements listed in the state's STCs.

  ▪ *First SMI/SED report in which annual metrics that are established quality measures should be reported.* The state should populate these rows with 1) the

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[4] For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state's STCs at time of SMI/SED demonstration approval. For example, if the state's STCs at the time of SMI/SED demonstration approval note that the SMI/SED demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SMI/SED demonstration. Note that the effective date is considered to be the first day the state *may* begin its SMI/SED demonstration. In many cases, 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 that is in the future. For example, CMS may approve an extension request on 12/15/2020, with an effective date of 1/1/2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

state's baseline reporting period for annual metrics that are established quality measures (e.g., CY2019)[5], 2) the SMI/SED demonstration year and quarter associated with the report in which the established quality measures should first be reported, according to the guidance in Appendix A, 3) the start date and 4) the end date of the reporting quarter associated with this report.

- *Dates of last SMI/SED reporting quarter.* The state should populate these rows with 1) the start date and 2) the end date of the last reporting quarter of the state's SMI/SED demonstration (usually the end date of the demonstration approval period).

  – **Deviations from the standard reporting schedule (Table 2).** The state should review its standard reporting schedule generated in Table 2 and determine whether it plans to report accordingly, or propose deviations.[6]

  - The state should select Y or N from the drop-down options in column G, "*Deviations from standard reporting schedule (Y/N)*," to indicate whether the state plans to report on each of the reporting categories according to the standard reporting schedule (column F).

  - If a state's planned reporting does not match the standard reporting schedule, the state should provide an explanation for each proposed deviation in column H, "*Explanation for deviations (if column G="Y")*." If the state perceives a need for any such deviations, the state should contact its CMS demonstration team to discuss the feasibility of an alternate approach.

  - If the state proposes a deviation to the standard reporting schedule, it should also complete column I, "*Proposed deviations from standard reporting schedule (Format DYQ; Ex. DY1Q3)."* In this column, the state should note the SMI/SED measurement period for the information it plans to report for the associated reporting category. That is, the state should complete column I by indicating the measurement periods with which it wishes to overwrite the standard schedule (column F). For any cell populated in column F, if due to the proposed deviations, no information for a reporting category can be provided for any measurement period within a monitoring report, the state should write "None" in column I.[7]

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[5] For guidance on defining baseline reporting periods for annual metrics that are established quality measures, please refer Appendix B of the monitoring protocol instructions.

[6] The auto-generated reporting schedule in Table 2 outlines the data the state is expected to report for each demonstration year and quarter. However, states are 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 retrospective reporting of data following protocol approval.

[7] For example, consider a state that proposes delaying its first submission of established quality measures by one quarter to account for programming adjustments. In the first row in which the standard schedule indicates the state will report "annual metrics that are established quality measures," the state should enter "None" in column I to indicate that the state will not report this information in this report. Moving to the next quarter's report, the state should then enter "CYXXXX" in column

- ▪ The state should not enter any information in other columns (columns A-F). If a state's SMI/SED demonstration approval period is longer than the allotted five years that are included within the generated reporting schedule table, the state should manually add additional rows at the bottom of the SMI/SED demonstration reporting schedule table, following the same format as the previous rows, to complete its reporting schedule for the duration of its SMI/SED demonstration approval period.

1b) Complete Part B: Monitoring Protocol Template. Part B is a Word document containing five narrative reporting sections. Please note, embedded objects (for example, documents, shapes, SmartArt, screenshots, charts, tables) are not permitted in Part B. If necessary, the state may submit any objects as separate attachments and reference the attachment within Part B.

- **Section 1. Title page.** The title page is a brief form that the state should complete as part of its monitoring protocol. The state should submit this form as the title page for all monitoring reports. The state should complete all rows of the title page form:

  - *State*

  - *Demonstration name*

  - *Approval period for section 1115 demonstration*

  - *SMI/SED demonstration start date*

  - *Implementation date of SMI/SED demonstration, if different from SMI/SED demonstration start date*

  - *SMI/SED (or if broader demonstration, then SMI/SED-related) demonstration goals and objectives*

- **Section 2. Acknowledgement of narrative reporting requirements.** This section is a companion to the narrative information on implementation requested as part of a state's monitoring reports. The state should review the information requested in Section 3 (Narrative Information on Implementation) of the Monitoring Report Template and select the appropriate check box to indicate that it will provide the requested narrative information.

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

- **Section 4. Acknowledgement of budget neutrality reporting.** The Budget Neutrality Workbook will be provided to the state by its CMS demonstration team. To complete

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I in the row associated with the "annual metrics that are established quality measures" reporting category, where "XXXX" stands for the calendar year measurement period on which the state will submit these metrics in this report.

Section 4, the state should review the workbook and select the appropriate check box to indicate that it will provide budget neutrality reporting as requested.

- **Section 5. Retrospective reporting.** If the state's monitoring protocol is approved after one or more of its quarterly monitoring report submission due date(s), the state should report metrics data to CMS retrospectively for any prior quarters of the section 1115 SMI/SED demonstration implementation that precede the monitoring protocol approval date.[8] To complete Section 5, the state should review the retrospective reporting guidance in this section of Part B and select the appropriate check box to indicate that it will report retrospectively as requested, or propose an alternate approach to retrospective reporting.

2. **Submit Parts A and B according to the instructions.**

After completing Part A and Part B according to the instructions below, the state should name the files according to the following convention: StateAbbreviation_SMIProtocol_Part-A_DateofSubmission and StateAbbreviation_SMIProtocol_Part-B_DateofSubmission. For example, a protocol submitted by a state on December 31, 2020 would contain two files: XX_SMIProtocol_Part-A_20201231 and XX_SMIProtocol_Part-B_20201231, where XX stands for a state's 2-letter abbreviation.

The state should upload Part A and Part B onto the PMDA system through its state demonstration dashboard. This dashboard will list all section 1115 demonstrations associated with the state. The state should navigate to the appropriate demonstration name (name of the state's stand-alone SMI/SED demonstration or broader demonstration with an SMI/SED component) and in the "Actions" column, select "Deliverables" from the drop-down menu and click "Go," which takes the state to its *"Deliverables"* page. A list of deliverables including names, types, due dates, and other information will be displayed on this page. The state should go to the appropriate deliverable (i.e., Monitoring Protocol) and click "Upload/View Docs" from the drop-down menu under the "Actions" column and click "Go." This will take the state to the *"Add a New State File"* page where the state can submit its protocol and provide any additional comments to CMS. The state will be able to upload Part A and Part B. The state should make sure to mark the "Ready for CMS Review" button in the "Submission Confirmation" section of the *"Add a New State File"* page and click the "Update Status" button to complete its submission. For further guidance on monitoring protocols submission, the state should review the PMDA state user manual. This manual can be accessed by clicking the "FAQ" button at the bottom of the state's demonstration dashboard. This will take the state to the *"Frequently Asked Questions"* page. From here, the state should click on the "Training and

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[8] While a state does not need to submit metrics data until after its monitoring protocol is approved by CMS, the state should submit quarterly and annual monitoring reports according to the requirements in its STCs with narrative updates on implementation progress, and other information that may be applicable. The state is encouraged to use Part B, Monitoring Report Template, to fulfill this reporting requirement until its monitoring protocol is approved. Please note that if a state chooses to submit metrics data before its monitoring protocol is approved, it may need to resubmit these data after protocol approval.

Support Materials" link found on the top right of the page which will take the state to the *"Training and Support Materials"* page. This page contains the PMDA state user manual as well as other resources such as tutorial videos.

APPENDIX A

REPORTING MEDICAID SECTION 1115 SMI/SED DEMONSTRATION MONITORING METRICS AND NARRATIVE INFORMATION

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

The state should report data to CMS in accordance with the schedule and format agreed upon in its approved monitoring protocol. Because of the dynamic nature of Medicaid data, metrics should be produced at the same time in each measurement period throughout the SMI/SED demonstration. For example, if a state submits data quarterly, the submission should contain three monthly values for each monthly metric, each produced at the same time relative to its measurement period.

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

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

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

  - For a state with an SMI/SED demonstration year that ends January 31 or February 28: in the first quarterly monitoring report of the next SMI/SED demonstration year
  - For a state with an SMI/SED demonstration year that ends March 31 through November 30: in the annual monitoring report
  - For a state with an SMI/SED demonstration year that ends December 31: in the second quarterly monitoring report of the next SMI/SED demonstration year

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

- Each annual monitoring report should include the state's Annual Assessment of the Availability of Mental Health Services.

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

Table A.1. Reporting in quarterly and annual section 1115 SMI/SED monitoring reports

Report name:	DY1Q1 report	DY1Q2 report	DY1Q3 report	DY1Q4 (annual) report**	DY2Q1 report	DY2Q2 report
Report due date:	Due 60 days after quarter ends	Due 60 days after quarter ends	Due 60 days after quarter ends	Due 90 days after quarter ends	Due 60 days after quarter ends	Due 60 days after quarter ends
Measurement periods, by reporting category						
Narrative information on implementation	DY1Q1	DY1Q2	DY1Q3	DY1Q4	DY2Q1	DY2Q2
Grievances and appeals	DY1Q1	DY1Q2	DY1Q3	DY1Q4	DY2Q1	DY2Q2
Other monthly and quarterly metrics	n.a.	DY1Q1	DY1Q2	DY1Q3	DY1Q4	DY2Q1
Annual metrics that are established quality measures*	n.a.	n.a.	n.a.	A state with a DY ending 3/31 – 11/30: CY1	A state with a DY ending on 1/31 or 2/28: CY1	A state with a DY ending on 12/31: CY1
Other annual metrics	n.a.	n.a.	n.a.	n.a.	DY1	n.a.

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

* Metrics that are established quality measures should be calculated for the calendar year, except for Metric #6 which is calculated over a 2-year period. All other metrics should be calculated for the SMI/SED demonstration year.

**Per the STCs, the state's fourth quarterly monitoring report (Q4) is also considered to be its annual monitoring report for the previous demonstration year. If the state's SMI/SED demonstration is part of a broader section 1115 demonstration, the state should consider its broader section 1115 demonstration Q4 monitoring report to be the state's annual monitoring report.

CY = calendar year; CY1 = the calendar year in which the demonstration began; DY = Demonstration year; Q = Quarter; n.a. = not applicable (information not expected to be included in the monitoring report)

Technical assistance. To help states collect, report, and use the section 1115 SMI/SED demonstration monitoring metrics, CMS offers technical assistance. For technical assistance, contact the section 1115 SMI/SED demonstration monitoring and evaluation mailbox (1115MonitoringAndEvaluation@cms.hhs.gov), copying the CMS demonstration team on the message.

APPENDIX B

**GUIDANCE FOR DETERMINING BASELINE REPORTING PERIODS FOR MEDICAID
SECTION 1115 SMI/SED DEMONSTRATION METRICS**

To determine baseline reporting periods, the state must first identify the start date of its SMI/SED demonstration. For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* in the state's STCs. For example, if the state's STCs at the time of SMI/SED demonstration approval note that the SMI/SED demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SMI/SED demonstration for purposes of monitoring.[9]

When reporting section 1115 SMI/SED demonstration monitoring metrics, use the following guidance for determining the baseline reporting period for each metric:

- ***CMS-constructed and state-specific metrics:*** For CMS-constructed and state-specific metrics where the measurement period is a month, quarter, or year, the baseline reporting period is the first SMI/SED demonstration year (SMI/SED DY1). For example, if the state's SMI/SED demonstration began on March 1, 2019, the baseline reporting period is March 1, 2019- February 29, 2020.

  - If the state's SMI/SED demonstration began on any day other than the first day of the month, the state should still start its baseline reporting period on the first day of the month for monitoring purposes. This applies to all baseline reporting periods (month, quarter, and year). For example, if a state's demonstration began on March 15, 2019, the state should consider March 1 as the beginning of its baseline period.

  - For a state where the first SMI/SED DY is less than 12 months, the state should report the 12 months preceding the end of SMI/SED DY1 as its baseline reporting period (including months before the start of the SMI/SED demonstration). For example, if the state has a 10-month SMI/SED DY1 that began March 1, 2019 and ended December 31, 2019, the baseline reporting period should be January 1, 2019 – December 31, 2019.

- ***Established quality measures***: For metrics that are established quality measures, the calendar year in which the demonstration started is the baseline reporting period. For example, if the state's SMI/SED demonstration began on March 1, 2019, the baseline reporting period is January 1, 2019 through December 21, 2019.

  - For measures calculated over a 2-year period (Metric #6: Medication Continuation Following Inpatient Psychiatric Discharge), the baseline reporting period is the calendar year in which the SMI/SED demonstration started and the prior year. For each subsequent reporting period, shift the period for the denominator forward by one year.

  - For a state where the SMI/SED DY1 is less than 12 months, the state should use the last day of SMI/SED DY1 to identify the appropriate calendar year for reporting. If the last day of SMI/SED DY1 is December 31, the baseline reporting period would be the same calendar year. For example, if a state has a 10-month SMI/SED DY1 starting March 1,

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[9] The effective date is defined as the first day the state <u>may</u> begin its SMI/SED demonstration, as indicated in the state's STCs. Note that in many cases, 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 that is in the future. For example, CMS may approve an extension request on 12/15/2020, with an effective date of 1/1/2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

2020 and ending on December 31, 2020, the baseline reporting period is January 1, 2020 – December 31, 2020 (calendar year 2020). If the last day of SMI/SED DY1 is any other date, the baseline reporting period should be the prior calendar year. For example, if a state has a 10-month SMI/SED DY1 that started on September 1, 2019 and ended June 30, 2020, the baseline period is January 1, 2019 – December 31, 2019 (calendar year 2019).

To confirm the measurement and baseline reporting periods, contact the section 1115 SMI/SED demonstration monitoring and evaluation mailbox (1115MonitoringandEvaluation@cms.hhs.gov), copying the state's CMS demonstration team on the message.

Table B.1 below illustrates these guidelines, using an SMI/SED demonstration that begins March 1, 2019 as an example.

Table B.1. Example of alignment between section 1115 SMI/SED demonstration years and measurement periods

Section 1115 SMI/SED Demonstration Start Date: March 1, 2019	SMI/SED Measurement Period					
	Month		Quarter		Year[a]	
	Start Date	End Date	Start Date	End Date	Start Date	End Date
	CMS-constructed and state-specific metrics				Established quality measures	
SMI/SED DY1 March 1, 2019 - Feb 29, 2020 (baseline reporting period)	Mar 1 Apr 1 May 1 June 1 … Feb 1	Mar 31 Apr 30 May 31 June 30 … Feb 28	Mar 1 June 1 Sep 1 Dec 1	May 31 Aug 31 Nov 30 Feb 29	Jan 1, 2019	Dec 31, 2019
SMI/SED DY2 March 1, 2020 - Feb 28, 2021	Month as defined in the baseline period row	Month as defined in the baseline period row	Quarter as defined in the baseline period row	Quarter as defined in the baseline period row	Jan 1, 2020	Dec 31, 2020
SMI/SED DY3 March 1, 2021 - Feb 29, 2022					Jan 1, 2021	Dec 31, 2021
SMI/SED DY4 March 1, 2022 - Feb 28, 2023					Jan 1, 2022	Dec 31, 2022
SMI/SED DY5 March 1, 2023 - Feb 29, 2024					Jan 1, 2023	Dec 31, 2023

[a] This example does not apply to Metric #6, which is calculated over a two-year time period.
DY = demonstration year.

APPENDIX C

**SELECTING ANNUAL GOALS AND OVERALL DEMONSTRATION TARGETS FOR
MEDICAID SECTION 1115 SMI/SED DEMONSTRATIONS**

CMS appreciates the challenge of forecasting the need for and use of SMI/SED treatment by type of care over the course of the demonstration. State officials are the most knowledgeable about the specific needs of the state's Medicaid demonstration populations and potential for its demonstration and other state initiatives to result in shifts in service use. Thus, CMS is not prescribing data sources or the approach for setting directional goals and targets. The state should take into account the following sources of information when developing these estimates:

- projections for state Medicaid spending and/or managed care payment shares associated with SMI/SED services;

- recent state trends in Medicaid enrollment and SMI/SED prevalence within the Medicaid population;

- recent trends from the state's Medicaid program on SMI/SED service use and length of stay;

- findings from evaluations of similar changes in coverage and service delivery in best practice settings or other states or populations;

- provider capacity constraints; and

- projected impacts associated with other state programs addressing behavioral health or affecting Medicaid enrollment and the prevalence of SMI/SED service use among Medicaid enrollees.

Since factors influencing trends in Metrics #13 through #18 have the potential to counteract one another, the state should report its best forecast for the directional targets and goals.