

## Monitoring Metrics for Section 1115 Demonstrations with SMI/SED Policies

This document provides an overview of monitoring metrics for states with section 1115 demonstrations that focus on serious mental illness (SMI)/serious emotional disturbance (SED). A technical specifications manual for the monitoring metrics was made available to states in late 2019. States can contact the CMS 1115 monitoring and evaluation email ([1115MonitoringAndEvaluation@cms.hhs.gov](mailto:1115MonitoringAndEvaluation@cms.hhs.gov)) if assistance is needed to receive the technical specifications manual.

An important goal of monitoring SMI/SED demonstrations is to identify trends that suggest the need for adjustments to improve demonstration performance and protect beneficiaries. These metrics are designed to monitor demonstration performance while minimizing state reporting burden. Monitoring metrics may be useful to include in formal evaluations along with more complex outcome measures and those that draw on non-administrative data sources, including medical records.

CMS selected SMI/SED demonstration monitoring metrics with input from subject matter experts and members of the state advisory group. These metrics consist of (1) established quality measures endorsed by NQF or included in other Medicaid Quality Measures measure sets and (2) CMS-constructed implementation performance metrics to track the goals and milestones presented in the State Medicaid Directors Letter dated November 13, 2018 (SMDL #18-011). The implementation performance metrics often refer to definitions included in established quality measures, but they did not go through the measure endorsement process and are intended only for monitoring progress of SMI/SED demonstrations.

The metrics are organized into five sections, one per milestone and one for other metrics: (1) ensuring quality of care in psychiatric hospitals and residential settings, (2) improving care coordination and transitions to community-based care, (3) increasing access to continuum of care including crisis stabilization services, (4) earlier identification and engagement in treatment including through increased integration, and (5) other SMI/SED metrics. Table 1 presents the metrics included within each section, as well as the associated milestone as described in the SMDL. The table also includes the following information for each metric:

- **Required or Recommended.** Metrics are either required or recommended
  - *Required metrics* provide information that is critical for monitoring the success of SMI/SED demonstrations and could be constructed with data that are readily available to states.
  - *Recommended metrics* might be more difficult to obtain than required metrics, but still provide important information on the operation of a demonstration.
- **Subpopulations.** Some subpopulations have unique treatment needs with respect to SMI. When instructed by metric specifications, states should calculate and report metrics for each stratification within subgroups. These subgroups are as follows:
  - *Standardized definition of SMI.* We refer to the National Committee for Quality Assurance (NCQA) definition of SMI as the standardized definition of SMI. NCQA defines individuals with SMI as those who meet at least one of the following criteria

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A metrics reporting template is being finalized for review and approval by OMB through the Paperwork Reduction Act (PRA). Until such time, its use is optional, although it conveys the nature and extent of monitoring information that CMS is seeking on eligibility and coverage demonstrations. When this template is OMB approved, then the state will be required to use it.

within the measurement period: (1) at least one acute inpatient claim/encounter with any diagnosis of schizophrenia, bipolar I disorder, or major depression, OR; (2) 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; (3) 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.

- *State-specific definition of SMI.* States may have their own distinct definition of SMI and report according to the definition they provide in their monitoring protocols, specifically within the document: 1115 SMI Monitoring Workbook.xlsx on the “Protocol-SMI & SED definitions” tab.
- *Age groups (children <16, transition-age youth, 16-24, adults 25–64, and older adults 65+).* Determine beneficiary age status as of the first day of the measurement period.
- *Dual-eligible status (Medicaid only or Medicare-Medicaid eligible).* Determine dual eligible status as of the first day of the measurement period. For reference, in T-MSIS, dual eligible status is determined by the eligibility file data element, DUAL-ELIGIBLE-CODE.<sup>1</sup>
- *Eligible for Medicaid on the basis of disability (yes, no).* Determine eligibility for Medicaid on the basis of disability based on ever qualifying for this subpopulation during the measurement period. For reference, in T-MSIS, eligibility based on disability is determined by the eligibility file data element, ELIGIBILITY-GROUP.
- *Criminal justice status (criminally involved, not criminally involved).* Determine criminal justice status based on ever qualifying for this subpopulation during the measurement period. There is no standard methodology across states for identifying criminal justice status; states will need to identify a method for flagging criminal involvement (such as by matching Medicaid beneficiaries to data from state law enforcement agencies).
- *Co-occurring SUD.* Determine co-occurring SUD for this subpopulation during the measurement period. States can identify beneficiaries with co-occurring SUD by identifying beneficiaries with a SUD diagnosis and a SUD-related service during the measurement period and/or in the 11 months before the measurement period.
- *Co-occurring or physical health conditions.* Determine co-occurring physical health conditions for this subpopulation during the measurement period. States may use the definitions and ICD-10 codes in the CMS Chronic Conditions Data Warehouse

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<sup>1</sup> The T-MSIS data dictionary can be accessed at <https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/index.html>. Additional resources for reporting on dually eligible beneficiaries is available on Medicaid.gov. See, for example, <https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/iap-downloads/functional-areas/integrated-medicare-medicaid-data.pdf>, and <https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/iap-functional-areas/data-analytics/index.html>

(<https://www.cwdata.org/documents/10280/19139421/ccw-chronic-condition-algorithms.pdf>) to identify co-occurring physical health conditions.

- **Measurement period.** This parameter identifies the data collection time frame for each metric. Measurement periods may be monthly, quarterly, or annual. Annual metrics, such as Count of beneficiaries with SMI/SED (annually), may have additional requirements, such as a continuous eligibility period that begins in the prior year. Monthly metrics are reported to CMS in quarterly and annual reports, according to specifications.

**Table 1: 1115 SMI/SED Demonstration Monitoring Metrics**

Metric name		Required or recommended	Subpopulations <sup>a</sup>	Measurement Period
<b>Milestone 1 (Ensuring Quality of Care in Psychiatric Hospitals and Residential Settings)</b>				
1	SUD Screening of Beneficiaries Admitted to Psychiatric Hospitals or Residential Treatment Settings (SUB-2)	Recommended	None	Year
2	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	Required	None	Year
<b>Milestone 2 (Improving Care Coordination and Transitions to Community-Based Care)</b>				
3	All-Cause Emergency Department Utilization Rate for Medicaid Beneficiaries who may Benefit From Integrated Physical and Behavioral Health Care (PMH-20)	Required	None	Year
4	30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF)	Required	None	Year
5	Medication Reconciliation Upon Admission	Recommended	None	Year
6	Medication Continuation Following Inpatient Psychiatric Discharge	Required	None	Year
7	Follow-up After Hospitalization for Mental Illness: Ages 6-17 (FUH-CH)	Required	None	Year
8	Follow-up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD)	Required	None	Year
9	Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse (FUA-AD)	Required	None	Year
10	Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD)	Required	None	Year
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)	Recommended	Age only	Year
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)	Recommended	Age only	Year
<b>Milestone 3 (Increasing Access to Continuum of Care including Crisis Stabilization Services)</b>				
13	Mental Health Services Utilization - Inpatient	Required	Yes	Month
14	Mental Health Services Utilization - Intensive Outpatient and Partial Hospitalization	Required	Yes	Month
15	Mental Health Services Utilization - Outpatient	Required	Yes	Month
16	Mental Health Services Utilization - ED	Required	Yes	Month
17	Mental Health Services Utilization - Telehealth	Required	Yes	Month
18	Mental Health Services Utilization - Any Services	Required	Yes	Month
19a	Average Length of Stay in IMDs	Required	None	Year
19b	Average Length of Stay in IMDs (IMDs receiving FFP only)	Required	None	Year
20	Beneficiaries With SMI/SED Treated in an IMD for Mental Health	Required	None	Year

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MEDICAID SECTION 1115 DEMONSTRATION  
SMI/SED MONITORING

	Metric name	Required or recommended	Subpopulations <sup>a</sup>	Measurement Period
<b>Milestone 4 (Earlier Identification and Engagement in Treatment including through Increased Integration)</b>				
21	Count of Beneficiaries With SMI/SED (monthly)	Required	Yes	Month
22	Count of Beneficiaries With SMI/SED (annually)	Required	Yes	Year
23	Diabetes Care for Patients with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD)	Required	None	Year
24	Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD)	Recommended	None	Year
25	Screening for Depression and Follow-Up Plan: Ages 12–17 (CDF-CH)	Recommended	None	Year
26	Access to Preventive/Ambulatory Health Services for Medicaid Beneficiaries With SMI	Required	None	Year
27	Tobacco Use Screening and Follow-up for People with Serious Mental Illness or Alcohol or Other Drug Dependence	Recommended	None	Year
28	Alcohol Screening and Follow-up for People with Serious Mental Illness	Recommended	None	Year
29	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Required	None	Year
30	Follow-Up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication	Required	None	Year
31	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC-CH)	Required	None	Year
<b>Other SMI/SED metrics</b>				
32	Total Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Not Inpatient or Residential	Required	None	Year
33	Total Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Inpatient or Residential	Required	None	Year
34	Per Capita Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Not Inpatient or Residential	Required	None	Year
35	Per Capita Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Inpatient or Residential	Required	None	Year
36	Grievances Related to Services for SMI/SED	Required	None	Quarter
37	Appeals Related to Services for SMI/SED	Required	None	Quarter
38	Critical Incidents Related to Services for SMI/SED	Required	None	Quarter
39	Total Costs Associated With Treatment for Mental Health in an IMD Among Beneficiaries With SMI/SED	Required	None	Year
40	Per Capita Costs Associated With Treatment for Mental Health in an IMD Among Beneficiaries With SMI/SED	Required	None	Year

<sup>a</sup> CMS encourages states to collect and report data related to the sub-populations, and should describe its plans to do so in its monitoring protocol

Note: Milestones included in this table are from the State Medicaid Director Letter #18-011.

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