

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
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Baltimore, Maryland 21244-1850



State Demonstrations Group

July 22, 2025

Lisa Lee
Commissioner, Department for Medicaid Services
Cabinet for Health and Family Services
275 East Main Street
Frankfort, KY 40601

Dear Commissioner Lee:

The Centers for Medicare & Medicaid Services (CMS) accepts the Reentry and Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED) Monitoring Protocols, which were required by the Special Terms and Conditions (STC), specifically, STC #57 “Monitoring Protocol” of Kentucky’s section 1115 demonstration, “TEAMKY Section 1115 Demonstration” (Project No: 11-W00306/4 and 21-W00067/4), effective through December 31, 2029. As noted in CMS’s letter to the state on June 25, 2025, CMS is redesigning its demonstration monitoring approach to reduce state burden, promote effective and efficient information sharing, and enhance CMS’s oversight of program integrity by reducing variation in information reported to CMS. As part of this redesign, CMS no longer requires the submission of Monitoring Protocols, as the relevant information will now be submitted as part of the Annual Monitoring Report. Therefore, CMS accepts the state’s submissions from November 27, 2024 and May 12, 2025. CMS appreciates the state’s commitment to monitoring expectations outlined in the STCs and will use the submitted Monitoring Protocols to support the state’s transition to Monitoring Redesign.

The Monitoring Protocols will be posted to Medicaid.gov under the demonstration’s administrative record. In accordance with STC #110, the approved Reentry and SMI/SED Monitoring Protocols may now be posted to your state’s Medicaid website.

We look forward to our continued partnership on Kentucky's TEAMKY Section 1115 Demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

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Danielle Daly
Director
Division of Demonstration Monitoring and Evaluation

cc: Christine Davidson, State Monitoring Lead, CMS Medicaid and CHIP Operations Group



CABINET FOR HEALTH AND FAMILY SERVICES

Kentucky Reentry 1115 Demonstration

Monitoring Protocols

November 27, 2024

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Overview

Kentucky's Reentry 1115 Demonstration Special Terms and Conditions was approved on July 2, 2024. The Commonwealth is required to submit a monitoring protocol by November 29, 2024 and subsequent quarterly/annual monitoring reports. These reports shall include the administration of screenings to identify individuals eligible for pre-release services; participation in Medicaid (including the Children's Health Insurance Program) among carceral providers; utilization of applicable pre-release and post-release services; the provision of health or social service referrals pre-release; participants with established care plans at release; and the take-up of data system enhancements among participating carceral settings. Kentucky and all state agencies will also be required to work with the Centers for Medicare & Medicaid Services (CMS) to identify outcome metrics related to health equity when the CMS guidance is issued.

Quantitative Methods

The quantitative monitoring protocol outlines specific performance metrics and indicators for each milestone, providing a robust framework to evaluate the Reentry 1115 Demonstration’s implementation and outcomes. The performance metrics include: metric details, indicators, data sources, and how to use the metrics for monitoring and outcome improvement.

Milestone 1: Increasing coverage and ensuring continuity of coverage for individuals who are incarcerated

1.1. Suspension Strategy: Implement a state policy for a suspension strategy during incarceration (or implement an alternative proposal to ensure only allowable benefits are covered and paid for during incarceration, while ensuring coverage and payment of full benefits as soon as possible upon release), with up to a two-year glide path to fully effectuate.			
Metric Details	Indicator(s)	Data Source(s)	Use of Metric to Monitor Progress & Improve Outcomes
1.1.1. Coverage Suspension Implementation Rate – Individuals Percentage of Medicaid-eligible incarcerated individuals at Kentucky correctional facilities whose coverage has been suspended (instead of terminated) during incarceration, with a state policy to ensure reinstatement upon release.	Number of individuals with suspended (rather than terminated) Medicaid coverage during incarceration.	Kentucky Medicaid Management Information System (MMIS); Department of Corrections (DOC) and Department of Juvenile Justice (DJJ) facility records.	<ul style="list-style-type: none"> High suspension rates indicate successful policy implementation. Low rates may signal the need for additional training for facility staff or adjustments in system processes. This data will guide improvements in suspension implementation to ensure continuity of coverage post-release.
1.1.2. Coverage Suspension Implementation Rate – Facilities Percentage of correctional facilities defined as “14 Kentucky state prisons and six Youth Development Centers (YDCs)” that have implemented a Medicaid suspension policy allowing for suspension of benefits rather than termination during incarceration.	Number of facilities with a suspension policy/total number of participating facilities. Compare incarceration intake date to Medicaid eligibility suspension date (to measure the efficiency of data sharing and subsequent updates).	DMS reports; DOC and DJJ facility policy documents.	<ul style="list-style-type: none"> Use data to assess which facilities have successfully implemented the suspension strategy. Identify facilities not yet compliant and provide additional guidance or training to ensure full implementation.

1.1. Suspension Strategy: Implement a state policy for a suspension strategy during incarceration (or implement an alternative proposal to ensure only allowable benefits are covered and paid for during incarceration, while ensuring coverage and payment of full benefits as soon as possible upon release), with up to a two-year glide path to fully effectuate.			
Metric Details	Indicator(s)	Data Source(s)	Use of Metric to Monitor Progress & Improve Outcomes
1.2. Medicaid Application Assistance: Ensure any Medicaid-eligible person who is incarcerated at a participating facility but not yet enrolled is afforded the opportunity to apply for Medicaid in the most feasible and efficient manner and is offered assistance with the Medicaid application process in accordance with 42 Code of Federal Regulations (CFR) § 435.906 and § 435.908. This could include applications online, by telephone, in person, via mail or common electronic means in accordance with 42 CFR § 435.907. All individuals enrolled in Medicaid during their incarceration must be provided notice of any Medicaid eligibility determinations and actions pursuant to 42 CFR § 435.917 and § 431.211.			
Metric Details	Indicator(s)	Data Source(s)	Use of Metric to Monitor Progress & Improve Outcomes
1.2.1. Medicaid Application Assistance Provision Rate Percentage of Medicaid-eligible incarcerated individuals who were not previously enrolled and received assistance in applying for Medicaid.	Number of individuals receiving assistance/total number of eligible individuals (= total offered <minus> the total refused) *reasons for refusal.	MMIS claims and eligibility; DOC and DJJ facility intake and case management records; Medicaid application logs.	<ul style="list-style-type: none"> • Monitor the reach and effectiveness of Medicaid application support programs. • Identify gaps in application assistance and adjust staffing, procedures, or communication strategies. • If assistance provision is low, bolster support services or introduce more efficient application processes to ensure all eligible individuals have the opportunity to enroll. • Locate patterns for future process enhancements.
1.3. Medicaid Renewal and Redetermination: Ensure all individuals at a participating facility who were enrolled in Medicaid prior to their incarceration are offered assistance with the Medicaid renewal or redetermination process requirements in accordance with 42 CFR § 435.908 and § 435.916. All individuals enrolled in Medicaid during their incarceration must be provided notice of any Medicaid eligibility determinations and actions pursuant to 42 CFR § 435.917 and § 431.211.			
Metric Details	Indicator(s)	Data Source(s)	Use of Metric to Monitor Progress & Improve Outcomes
1.3.1. Medicaid Renewal/Redetermination Assistance Rate Percentage of Medicaid-enrolled individuals at participating facilities who were offered assistance with Medicaid renewal or redetermination before release.	Number of individuals receiving renewal assistance/total number of eligible individuals due for renewal or redetermination.	DOC and DJJ facility and case management records; MMIS eligibility records.	<ul style="list-style-type: none"> • Low assistance rates may point to process barriers or resource gaps. Addressing these issues with more caseworker support or streamlined renewal systems will ensure continuity of coverage and minimize

1.3. Medicaid Renewal and Redetermination: Ensure all individuals at a participating facility who were enrolled in Medicaid prior to their incarceration are offered assistance with the Medicaid renewal or redetermination process requirements in accordance with 42 CFR § 435.908 and § 435.916. All individuals enrolled in Medicaid during their incarceration must be provided notice of any Medicaid eligibility determinations and actions pursuant to 42 CFR § 435.917 and § 431.211.

Metric Details	Indicator(s)	Data Source(s)	Use of Metric to Monitor Progress & Improve Outcomes
			<p>disruptions in health care access upon release.</p> <ul style="list-style-type: none"> Track the provision of renewal assistance to ensure continuity of coverage. Address barriers to the renewal process and enhance support services.

1.4. Medicaid Cards and Documentation: Implement a state requirement to ensure all Medicaid-enrolled individuals who are incarcerated at a participating facility have Medicaid and/or managed care plan cards or some other Medicaid and/or managed care enrollment documentation (e.g., identification number, digital documentation, instructions on how to print a card, etc.) provided to the individual upon release, along with information on how to use their coverage (coordinated with the requirements under milestone #3 below).

Metric Details	Indicator(s)	Data Source(s)	Use of Metric to Monitor Progress & Improve Outcomes
<p>1.4.1. Provision of Medicaid Enrollment Documentation at Release</p> <p>Percentage of Medicaid-enrolled individuals who received Medicaid or managed care documentation (e.g., ID card, digital instructions, enrollment details) upon release.</p>	Number of individuals provided documentation/total number of released individuals enrolled in Medicaid.	Correctional facility discharge checklists, participant surveys.	<ul style="list-style-type: none"> Identify whether individuals consistently receive the necessary documentation to access their benefits immediately upon release. Address documentation gaps by adjusting discharge processes or training staff on distribution protocols.

1.5. Medicaid Application Assistance for Another State: Establish processes to allow and assist all individuals who are incarcerated at a participating facility to access and complete a Medicaid application, including providing information about where to complete the Medicaid application for another state, e.g., relevant state Medicaid agency website, if the individual will be moving to a different state upon release.

Metric Details	Indicator(s)	Data Source(s)	Use of Metric to Monitor Progress & Improve Outcomes
<p>1.5.1. Interstate Medicaid Application Support Rate</p> <p>Percentage of individuals who, upon release, are moving to a different state and received information or assistance with the Medicaid application process in their destination state.</p>	Number of individuals assisted with cross-state applications/ total number of individuals relocating post-release.	Case management records; discharge	<ul style="list-style-type: none"> If rates of interstate assistance are low, enhance training for case managers on assisting with out-of-state applications and provide clearer access to other state Medicaid resources.

1.5. Medicaid Application Assistance for Another State: Establish processes to allow and assist all individuals who are incarcerated at a participating facility to access and complete a Medicaid application, including providing information about where to complete the Medicaid application for another state, e.g., relevant state Medicaid agency website, if the individual will be moving to a different state upon release.			
Metric Details	Indicator(s)	Data Source(s)	Use of Metric to Monitor Progress & Improve Outcomes
		planning documentation.	<ul style="list-style-type: none"> This will help improve continuity of care for those relocating.

Milestone 2: Covering and ensuring access to the minimum set of pre-release services for individuals who are incarcerated to improve care transitions upon return to the community

2.1. Individuals who Qualify for Pre-Release Services: Implement state processes to identify individuals who are incarcerated who qualify for pre-release services under the state's proposed demonstration design (e.g., by chronic condition, incarceration in a participating facility, etc.).			
Metric Details	Indicator(s)	Data Source(s)	Use of Metric to Monitor Progress & Improve Outcomes
2.1.1. Identification Rate of Eligible Individuals for Pre-Release Services Percentage of incarcerated individuals identified as eligible for pre-release services based on chronic conditions, facility participation, and other qualifying factors.	Number of individuals screened/ total number of incarcerated individuals.	Screening logs; DOC and DJJ facility intake records; MMIS eligibility.	<ul style="list-style-type: none"> • High identification rates show effective processes for targeting pre-release services. • Low rates may indicate issues in eligibility criteria application or data sharing. • Improving identification rates can ensure a larger portion of eligible individuals receives timely support for reentry. • Evaluate the comprehensiveness of the screening process to ensure all eligible individuals are identified. • Refine screening protocols and expand criteria to capture more eligible individuals.

2.2. Coverage and Access to Pre-Release Service Package: Cover and ensure access to the minimum short-term, pre-release benefit package, including case management to assess and address physical and behavioral health needs and health-related social needs (HRSN), medication-assisted treatment (MAT) services for all types of substance use disorder (SUD) as clinically appropriate with accompanying counseling, and a 30-day supply of medication (as clinically appropriate based on the medication dispensed and the indication) provided to the beneficiary immediately upon release, to Medicaid-eligible individuals identified as participating in the Reentry Section 1115 Demonstration Opportunity. In addition, the state should specify any additional services that the state proposes to cover for beneficiaries prerelease. The state should describe the Medicaid benefit category or authority for each proposed service. Develop state process to ensure case managers have knowledge of community-based providers in communities where individuals will be returning upon release or have the skills and resources to inform themselves about such providers for communities with which they are unfamiliar.			
Metric Details	Indicator(s)	Data Source(s)	Use of Metric to Monitor Progress & Improve Outcomes
2.2.1. Pre-Release Case Management Coverage Rate Percentage of identified eligible individuals who received case management services to assess and address physical and behavioral health needs and HRSN.	<ul style="list-style-type: none"> • Number of eligible individuals receiving pre-release case management/ total number of eligible individuals. 	DOC and DJJ facility case management records; service utilization data.	<ul style="list-style-type: none"> • Assess the engagement participation level in case management to address health needs and improve care planning.

<p>2.2. Coverage and Access to Pre-Release Service Package: Cover and ensure access to the minimum short-term, pre-release benefit package, including case management to assess and address physical and behavioral health needs and health-related social needs (HRSN), medication-assisted treatment (MAT) services for all types of substance use disorder (SUD) as clinically appropriate with accompanying counseling, and a 30-day supply of medication (as clinically appropriate based on the medication dispensed and the indication) provided to the beneficiary immediately upon release, to Medicaid-eligible individuals identified as participating in the Reentry Section 1115 Demonstration Opportunity. In addition, the state should specify any additional services that the state proposes to cover for beneficiaries prerelease. The state should describe the Medicaid benefit category or authority for each proposed service. Develop state process to ensure case managers have knowledge of community-based providers in communities where individuals will be returning upon release or have the skills and resources to inform themselves about such providers for communities with which they are unfamiliar.</p>			
Metric Details	Indicator(s)	Data Source(s)	Use of Metric to Monitor Progress & Improve Outcomes
	<ul style="list-style-type: none"> Number of individuals decline/refuse case management/total number of eligible individuals. 		<ul style="list-style-type: none"> Use data to adjust case management approaches and enhance engagement participation strategies. Low case management coverage may highlight resource limitations or coordination issues. Address these by reallocating case manager resources or enhancing communication between facilities and case managers to ensure comprehensive support.
<p>2.2.2. Access to MAT Services Percentage of eligible individuals with a SUD diagnosis who received MAT services with accompanying counseling 60 days prior to release, as clinically appropriate.</p>	<ul style="list-style-type: none"> Number of eligible individuals with SUD receiving MAT and counseling pre-release/ total number of eligible individuals to receive MAT services. Number of individuals decline/refuse MAT/total number of eligible individuals. 	Correctional facility health records; MAT provider logs.	<ul style="list-style-type: none"> Track the provision of MAT to ensure it is accessible to all who need it. Identify barriers to MAT uptake, such as facility constraints or participant reluctance, and implement targeted interventions. If access to MAT is low, evaluate barriers, such as staffing, medication availability, or policy limitations. Address these issues to enhance the availability of essential SUD services, which are critical for successful reentry and reducing relapse rates.
<p>2.2.3. Provision of 30-Day Medication Supply at Release</p>	Number of individuals receiving 30-day medication supply upon release/total number of eligible individuals.	Correctional facility pharmacy records; discharge logs.	<ul style="list-style-type: none"> Ensure continuity of care by providing necessary medications at the point of release.

<p>2.2. Coverage and Access to Pre-Release Service Package: Cover and ensure access to the minimum short-term, pre-release benefit package, including case management to assess and address physical and behavioral health needs and health-related social needs (HRSN), medication-assisted treatment (MAT) services for all types of substance use disorder (SUD) as clinically appropriate with accompanying counseling, and a 30-day supply of medication (as clinically appropriate based on the medication dispensed and the indication) provided to the beneficiary immediately upon release, to Medicaid-eligible individuals identified as participating in the Reentry Section 1115 Demonstration Opportunity. In addition, the state should specify any additional services that the state proposes to cover for beneficiaries prerelease. The state should describe the Medicaid benefit category or authority for each proposed service. Develop state process to ensure case managers have knowledge of community-based providers in communities where individuals will be returning upon release or have the skills and resources to inform themselves about such providers for communities with which they are unfamiliar.</p>			
Metric Details	Indicator(s)	Data Source(s)	Use of Metric to Monitor Progress & Improve Outcomes
Percentage of individuals with conditions or ongoing treatment needs who received a 30-day supply of prescribed medication upon release.			<ul style="list-style-type: none"> Address supply chain issues or policy barriers that may prevent timely provision of medications. Low rates of medication provision may suggest gaps in discharge planning or medication stock. Enhance coordination between facility pharmacies and case managers to ensure timely access to necessary medications for continuity of care.
<p>2.2.4. Utilization Rate of Pre-Release Benefit Package</p> <p>Percentage of individuals eligible for the pre-release benefit package who access at least one of the covered services, such as case management, MAT, or medication.</p>	Number of eligible individuals utilizing at least one pre-release service/total number of eligible individuals.	DOC and DJJ facility and records; MMIS; case management logs.	<ul style="list-style-type: none"> Low utilization may indicate barriers in accessing services, such as lack of awareness or logistical issues. Opportunity to address issues by improving service outreach and logistical support to ensure more eligible individuals benefit from available pre-release services.
<p>2.2.5. Rate of Follow-Up Contact with Community Providers within 30 Days Post-Release</p> <p>Percentage of individuals who have a scheduled appointment or follow-up with a community-based health care or support provider within 30 days of release.</p>	Number of individuals with post-release follow-up scheduled and completed/total number of eligible individuals.	Case management follow-up records; community provider logs.	<ul style="list-style-type: none"> Low follow-up rates may indicate issues in connecting individuals to post-release care. Opportunity to address issues by improving the discharge planning process and fostering partnerships with community providers to facilitate timely follow-ups and improve continuity of care.

2.3. Case Managers Knowledge of Community-Based Providers in Communities: Develop state process to ensure case managers have knowledge of community-based providers in communities where individuals will be returning upon release or have the skills and resources to inform themselves about such providers for communities with which they are unfamiliar.			
Metric Details	Indicator(s)	Data Source(s)	Use of Metric to Monitor Progress & Improve Outcomes
2.3.1. Community Provider Knowledge and Referral Capacity of Case Managers Percentage of case managers who demonstrate knowledge of and ability to refer individuals to community-based providers in the areas where reentering individuals will reside.	Number of case managers able to provide appropriate community provider referrals/total number of case managers assessed.	Case manager training records; referral logs; case manager knowledge assessments.	<ul style="list-style-type: none"> • Evaluate case manager preparedness to support post-release transitions. • Use findings to guide additional training or resource updates to enhance community knowledge. • If case managers struggle with referrals, enhance training programs on community resource mapping or build stronger connections with local health and social service providers. This will improve the continuity of care and integration into community services. • Possible need to develop/enhance system (automated or manual) to capture community-based referrals (name, location, service offering, etc.)
2.3.2. Pre-Release Health Education Completion Rate Percentage of individuals completing health education sessions aimed at preparing them for managing their health post-release.	Number of individuals completing education sessions/ total number of eligible individuals.	Correctional facility education logs, participant feedback.	<ul style="list-style-type: none"> • Monitor the reach and effectiveness of health education initiatives. • Use participant feedback to tailor educational content and access to better meet their needs.

Milestone 3: Promoting continuity of care

3.1. Care Plans for Incarcerated Individuals: Implement a state requirement that individuals who are incarcerated receive a person-centered care plan prior to release to address any physical and behavioral health needs, as well as HRSN and consideration for long-term services and supports (LTSS) needs that should be coordinated post-release, that were identified as part of pre-release case management activities and the development of the person-centered care plan.

Metric Details	Indicator(s)	Data Source(s)	Use of Metric to Monitor Progress & Improve Outcomes
3.1.1. Person-Centered Care Plan Completion Rate Percentage of incarcerated individuals who received a person-centered care plan addressing physical and behavioral health, HRSN, and LTSS prior to release.	Number of eligible individuals with a completed person-centered care plan/total number of eligible individuals.	Case management records; Care Plan documentation; DOC and DJJ facility discharge documentation.	<ul style="list-style-type: none"> Monitor care plan development to ensure it aligns with identified needs and is completed on time. Use data to refine care planning processes and enhance case manager training. High completion rates indicate effective care planning. Low rates may reveal resource or process gaps; addressing these can help ensure every individual has a personalized care plan to guide post-release support.

3.2. Timely Access to Post-Release Services: Implement state policies to provide or facilitate timely access to any post-release health care items and services, including fills or refills of prescribed medications and medical supplies, equipment, appliances or additional exams, laboratory tests, diagnostic, family planning, or other services needed to address the physical and behavioral health care needs, as identified in the course of case management and the development of the person-centered care plan.

Metric Details	Indicator(s)	Data Source(s)	Use of Metric to Monitor Progress & Improve Outcomes
3.2.1. Timely Access to Post-Release Health Care Services Percentage of individuals who received timely access (within seven days of release) to prescribed medications, medical supplies, equipment, or other essential health services identified in their care plan.	Number of individuals accessing essential services within seven days post-release/total number of eligible individuals.	Pharmacy records; MMIS claims; medical provider follow-up logs; case management records.	Low rates of timely access indicate potential delays in service delivery. Addressing barriers such as coordination issues, supply shortages, or appointment scheduling can improve continuity of care.

3.2. Timely Access to Post-Release Services: Implement state policies to provide or facilitate timely access to any post-release health care items and services, including fills or refills of prescribed medications and medical supplies, equipment, appliances or additional exams, laboratory tests, diagnostic, family planning, or other services needed to address the physical and behavioral health care needs, as identified in the course of case management and the development of the person-centered care plan.

Metric Details	Indicator(s)	Data Source(s)	Use of Metric to Monitor Progress & Improve Outcomes
3.2.2. Prescription Refill Adherence Rate Post-Release Percentage of individuals who refill their prescriptions, as recommended, within the first 30 days refill period post-release.	Number of prescription refills completed/total number of eligible prescriptions.	Pharmacy records; MMIS claims; medical provider follow-up logs; case management records.	<ul style="list-style-type: none"> Monitor adherence to prescribed medication regimens to ensure continuity of care. Use findings to implement interventions for individuals with low adherence, such as medication management support.

3.3. Data Exchange Process and Managed Care Organization (MCO) Contract Requirements: Implement state processes to ensure, if applicable, that managed care plan contracts reflect clear requirements and processes for transfer of the member's relevant health information for purposes of continuity of care (e.g., active prior authorizations, care management information or other information) to another managed care plan or, if applicable, state Medicaid agency (e.g., if the beneficiary is moving to a region of the state served by a different managed care plan or to another state after release) to ensure continuity of coverage and care upon release (coordinated with the requirements under milestone #1 above).

Metric Details	Indicator(s)	Data Source(s)	Use of Metric to Monitor Progress & Improve Outcomes
3.3.1. Transfer of Health Information to Post-Release Managed Care Plans Percentage of successful data transfers of health information (e.g., active prior authorizations, care management notes) between pre-release and post-release providers.	Number of successful health data transfers for continuity of care/total number of transfers attempted.	Managed care data transfer logs (i.e., electronic health record), provider feedback.	<ul style="list-style-type: none"> Monitor health data sharing effectiveness to ensure providers have the necessary information for continuity of care. Address any gaps in health data transfer processes to improve provider collaboration. Low health information transfer rates highlight gaps in data-sharing protocols. Strengthen processes between facilities, MCOs, and Medicaid to improve information flow and support continuous care for reentering individuals.

3.4. Case Manager Coordination with Pre-Release Service Providers and Community-Based Service Providers: Implement state processes to ensure case managers coordinate with providers of prerelease services and community-based providers, if they are different providers. Implement a state policy to require case managers to facilitate connections to community based providers pre-release for timely access to services upon reentry in order to provide continuity of care and seamless transitions without administratively burdening the beneficiary (e.g., identifying providers of post-release services, making appointments, having discussions with the post-release case manager, if different, to facilitate a warm handoff and continuity of services). A simple referral is not sufficient. Warm hand-offs to a post-release case manager and follow-up are expected, consistent with guidance language in the case management section.			
Metric Details	Indicator(s)	Data Source(s)	Use of Metric to Monitor Progress & Improve Outcomes
3.4.1. Pre-Release Community Provider Connection Rate Percentage of individuals connected with a community-based provider before release to ensure access to services upon reentry.	Number of individuals with documented community provider connections pre-release/total number of eligible individuals.	Case management records; discharge planning documents.	Low connection rates may indicate that case managers lack adequate information on community resources. Enhance training and resource databases for case managers to facilitate more effective provider connections pre-release.
3.4.2. Warm Hand-Off Success Rate Percentage of individuals who received a “warm hand-off” to a post-release case manager or community-based provider, including direct coordination between pre-release and post-release case managers.	Number of individuals receiving a warm hand-off/total number of individuals released.	Case management records; communication logs between pre-release and post-release managers.	<ul style="list-style-type: none"> Assess the effectiveness of care transitions to ensure seamless continuity. Improve communication, coordination, and reporting protocols to enhance warm hand-off success rates. If warm hand-offs are not consistently occurring, evaluate case manager protocols and communication tools. Enhancing collaboration and communication practices can ensure smoother transitions and better post-release engagement.
3.4.3. Follow-Up Appointment Adherence Rate within First 30 Days Post-Release Percentage of individuals who attended at least one follow-up appointment with a community-based provider within 30 days of release.	Number of individuals attending follow-up appointments within 30 days post-release/total number of eligible individuals.	Community provider records; case management follow-up logs.	Low adherence rates may indicate challenges in accessing or attending appointments. Address transportation, scheduling, or other logistical barriers to improve follow-up rates and continuity of care.
3.4.4. Case Manager Coordination with Pre- and Post-Release Providers Percentage of cases where the pre-release case manager coordinated with post-release providers or case managers, including exchanging care plans, discussing the individual’s needs, and aligning follow-up.	Number of cases with documented pre- and post-release case manager/provider coordination/total number of eligible individuals.	Case management records; meeting and coordination logs.	Low coordination rates suggest a need for stronger protocols or better communication tools for case managers. Addressing these issues will facilitate a seamless transition and ensure continuity of care for reentering individuals.

3.4. Case Manager Coordination with Pre-Release Service Providers and Community-Based Service Providers: Implement state processes to ensure case managers coordinate with providers of prerelease services and community-based providers, if they are different providers. Implement a state policy to require case managers to facilitate connections to community based providers pre-release for timely access to services upon reentry in order to provide continuity of care and seamless transitions without administratively burdening the beneficiary (e.g., identifying providers of post-release services, making appointments, having discussions with the post-release case manager, if different, to facilitate a warm handoff and continuity of services). A simple referral is not sufficient. Warm hand-offs to a post-release case manager and follow-up are expected, consistent with guidance language in the case management section.

Metric Details	Indicator(s)	Data Source(s)	Use of Metric to Monitor Progress & Improve Outcomes
	<p>Length of time an individual maintains connection with case manager for case management services.</p> <p>Number of individuals who maintain connection with case manager for case management services at 3, 6, 9, and 12 months/total number of eligible individuals.</p>		

Milestone 4: Connecting to services available post-release to meet the needs of the reentering population

4.1. Systems to Monitor Individuals and Care Plans to Ensure Timely Delivery of Post-Release Services: Develop state systems to monitor individuals who are incarcerated and their person-centered care plans to ensure that post-release services are delivered within an appropriate timeframe. We expect this generally will include a scheduled contact between the reentering individual and the case managers that occurs within one to two days post-release and a second appointment that occurs within one week of release to ensure continuity of care and seamless transition to monitor progress and care plan implementation. These short-term follow-ups should include the pre-release and post release (if different) case managers, as possible, to ensure longer term post-release case management is as seamless as possible. In keeping with the person-centered care plan and individual needs, CMS is providing these general timeframes as suggestions, but recognizes that depending on the beneficiary's individualized needs and risk factors, a case manager may determine that the first scheduled contact with the beneficiary should occur, for example, within the first 24 hours after release and on a more frequent cadence in order to advance the goals of this demonstration.

Metric Details	Indicator(s)	Data Source(s)	Use of Metric to Monitor Progress & Improve Outcomes
4.1.1. Timeliness of Initial Post-Release Contact Percentage of reentering individuals contacted by a case manager within one to two days post-release.	Number of individuals receiving first contact within specified time/total number of released individuals.	Case management records/logs; tracking system.	<ul style="list-style-type: none"> • Ensure timely follow-up to address immediate needs and support continuity of care. • Use data to adjust contact protocols and improve support strategies for high-risk individuals. • Identify delays in initial contact. If rates fall below target, evaluate staffing levels, case manager schedules, or logistical issues impacting responsiveness. • Increase support or adjust protocols to improve prompt follow-ups.

4.2. Processes to Monitor Case Management Activities for Individual Transition to Community and Continuity of Care Post-Release: Develop state processes to monitor and ensure ongoing case management to ensure successful transitions to the community and continuity of care post-release, to provide an assessment, monitor the person-centered care plan implementation and to adjust it, as needed, and to ensure scheduling and receipt of needed covered services.

Metric Details	Indicator(s)	Data Source(s)	Use of Metric to Monitor Progress & Improve Outcomes
4.2.1. Continuity of Care with Pre- and Post-Release Case Managers	Number of cases where both pre- and post-release case	Case management	Evaluate the level of hand-off continuity. If low continuity is noted, establish joint case

4.2. Processes to Monitor Case Management Activities for Individual Transition to Community and Continuity of Care Post-Release: Develop state processes to monitor and ensure ongoing case management to ensure successful transitions to the community and continuity of care post-release, to provide an assessment, monitor the person-centered care plan implementation and to adjust it, as needed, and to ensure scheduling and receipt of needed covered services.

Metric Details	Indicator(s)	Data Source(s)	Use of Metric to Monitor Progress & Improve Outcomes
Track the frequency of pre- and post-release case manager participation in initial and secondary follow-ups with reentering individuals.	managers are present in first two follow-up contacts/total number of released individuals.	coordination reports; follow-up session logs.	management protocols or cross-training to ensure smoother transitions and better engagement post-release.
4.2.2. Completion Rate of Scheduled Follow-Up Appointments Percentage of scheduled follow-up appointments completed within the first week and month post-release.	Number of individuals with completed follow-up appointments within specified timeframes/total number of released individuals.	Case management records; individual contact logs.	Highlight potential barriers to follow-up (e.g., transportation, scheduling conflicts). If completion rates are low, address identified issues by arranging alternative follow-up methods (e.g., telehealth, mobile units) to ensure regular contact.

4.3. Processes for Individuals' Access to Services to Address LTSS and HRSN: Develop state processes to ensure that individuals who are receiving services through the Reentry Section 1115 Demonstration Opportunity are connected to other services needed to address LTSS and HRSN, such as housing, employment support, and other social supports as identified in the development of the person-centered care plan.

Metric Details	Indicator(s)	Data Source(s)	Use of Metric to Monitor Progress & Improve Outcomes
4.3.1. Referral Success Rate for LTSS and HRSN Percentage of individuals successfully connected to housing, employment, or other social services as outlined in their person-centered care plan.	<ul style="list-style-type: none"> Number of referrals made to individual for needed LTSS and HRSN services within 30 days of release/total number of referrals. Number of individuals connected to services/total number of eligible individuals. 	Case management records; LTSS and HRSN service provider reports.	<ul style="list-style-type: none"> Evaluate the effectiveness of service linkages to support stable reentry. Address gaps in connections to essential services and refine referral processes. Identify gaps in service connectivity. If success rates are low, strengthen partnerships with LTSS providers, increase support resources, and streamline referral processes to improve access to critical services.

4.4. Policies to Monitor Case Managers' Response to Individuals: Implement state policies to monitor and ensure that case managers have the necessary time needed to respond effectively to individuals who are incarcerated who will likely have a high need for assistance with navigating the transition into the community.			
Metric Details	Indicator(s)	Data Source(s)	Use of Metric to Monitor Progress & Improve Outcomes
4.4.1. Adjustment Rate of Person-Centered Care Plans Percentage of care plans adjusted to reflect changing needs or risk factors post-release.	Rate of care plan reviewed and/or adjustments within the first 30 days post-release/total number of active care plans.	Facility policy, case management records, care plan tracking data.	<ul style="list-style-type: none"> • Monitor the adaptability of care plans to meet ongoing needs. • Ensure case managers are responsive to evolving participant circumstances. • Determine responsiveness of case managers to evolving client needs. • Provide additional training if needed for case managers to recognize when to adapt care plans.
4.4.2. Case Manager Responsiveness and Workload Balance Average caseload size and time allocated per individual for case managers working with reentering individuals.	Average caseload size and hours per case/best practice caseload size and hours per case.	Case manager schedules; workload assessments.	Ensure case managers have adequate time to assist high-need individuals. If caseloads are high, consider hiring additional staff or reallocating resources to improve service quality and responsiveness.
4.4.3. Individual's Satisfaction with Transition Support Measure individual-reported satisfaction with the support received during reentry.	Number of individuals rating services as satisfactory or higher/total number of eligible individuals who actually took the survey.	Individual's satisfaction surveys administered at intervals post-release (e.g., one month, three months).	Identify areas where Individuals feel underserved. Low satisfaction ratings may indicate areas for protocol adjustments, improved communication, or increased support options to enhance overall satisfaction and reentry success.

Milestone 5: Ensuring cross-system collaboration

5.1. Readiness Assessment Process: Establish an assessment outlining how the state's Medicaid agency and participating correctional system/s will confirm they are ready to ensure the provision of pre-release services to eligible beneficiaries, including but not limited to, how facilities participating in the Reentry Section 1115 Demonstration Opportunity will facilitate access into the correctional facilities for community health care providers, including case managers, in person and/or via telehealth, as appropriate. A state could phase in implementation of pre-release services based on the readiness of various participating facilities and/or systems.

Metric Details	Indicator(s)	Data Source(s)	Use of Metric to Monitor Progress & Improve Outcomes
5.1.1. Facility Readiness Assessment Completion Rate Percentage of participating correctional facilities that have completed a readiness assessment to provide pre-release services, including ensuring access for community health care providers and case managers.	Number of facilities with completed readiness assessments/total number of eligible facilities.	Readiness assessment reports from facilities.	<ul style="list-style-type: none"> • Monitor facility readiness to deliver pre-release services effectively. • Use findings to phase in implementation based on readiness and provide targeted support to less-prepared facilities. • Identifies which facilities are ready to implement pre-release services and where gaps exist. • Facilities not meeting readiness standards may require additional support, such as resource allocation or training, to facilitate access for pre-release services.

5.2. Engagement, Coordination, and Communication Among Key Stakeholders: Develop a plan for organizational level engagement, coordination, and communication between the corrections systems, community supervision entities, health care providers and provider organizations, state Medicaid agencies, and supported employment and supported housing agencies or organizations.

Metric Details	Indicator(s)	Data Source(s)	Use of Metric to Monitor Progress & Improve Outcomes
5.2.1. Community Provider Access Rate in Correctional Facilities Percentage of participating facilities that have implemented policies allowing access to community health care providers (in person or via telehealth) for eligible beneficiaries while incarcerated.	Number of facilities granting community provider access/total number of eligible facilities.	Facility policies; access logs; telehealth system usage reports.	<ul style="list-style-type: none"> • Track engagement and collaboration levels among key agencies. • Identify gaps in participation and address barriers to improve coordination. • Low access rates suggest barriers for providers entering facilities. • Address logistical or policy barriers to improve provider access, which is essential

5.2. Engagement, Coordination, and Communication Among Key Stakeholders: Develop a plan for organizational level engagement, coordination, and communication between the corrections systems, community supervision entities, health care providers and provider organizations, state Medicaid agencies, and supported employment and supported housing agencies or organizations.			
Metric Details	Indicator(s)	Data Source(s)	Use of Metric to Monitor Progress & Improve Outcomes
			for delivering pre-release services effectively.
5.2.2. Cross-System Coordination Plan Implementation Rate Percentage of facilities and agencies (e.g., corrections, Department for Medicaid Services (DMS), community health providers, housing and employment agencies) with an active cross-system coordination and communication plan.	Number of facilities with implemented coordination plans/total number of eligible facilities and relevant agencies.	Signed agreements; documented coordination plans.	Helps identify gaps in cross-agency collaboration. If coordination rates are low, focus on establishing formal agreements and communication strategies among agencies to ensure all entities are engaged and aligned in supporting reentering individuals.

5.3. Awareness and Education Among Key Stakeholders: Develop strategies to improve awareness and education about Medicaid coverage and health care access among various stakeholders, including individuals who are incarcerated, community supervision agencies, corrections institutions, health care providers, and relevant community organizations (including community organizations serving the reentering population).			
Metric Details	Indicator(s)	Data Source(s)	Use of Metric to Monitor Progress & Improve Outcomes
5.3.1. Medicaid and Health Care Education Sessions/Trainings Conducted Number of educational sessions/trainings conducted to increase awareness and understanding of Medicaid and health care access among stakeholders, including incarcerated individuals, corrections staff, and community organizations.	Number of sessions held per quarter (to help measure access to sessions). Number of stakeholders trained/total number of stakeholders identified for training.	Training and education session records; attendance logs.	Monitor the quantity, reach, and effectiveness of training initiatives. Use participant feedback to refine training content and enhance partner understanding. Tracks outreach and education efforts. Low session numbers may indicate the need for increased frequency or expansion of outreach to ensure all stakeholders are knowledgeable about Medicaid access and health services available to reentering individuals.
5.3.2. Stakeholder Satisfaction with Cross-System Collaboration Percentage of participating stakeholders (e.g., DMS, DOC, DJJ, Department for Community Based Services, Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), community	Number of stakeholders satisfied or very satisfied/total number of stakeholders surveyed.	Annual or bi-annual surveys of stakeholders.	<ul style="list-style-type: none"> Low satisfaction rates signal potential issues in communication or process alignment. Address feedback by refining collaboration practices, communication channels, or role clarity to enhance stakeholder satisfaction and cooperation.

5.3. Awareness and Education Among Key Stakeholders: Develop strategies to improve awareness and education about Medicaid coverage and health care access among various stakeholders, including individuals who are incarcerated, community supervision agencies, corrections institutions, health care providers, and relevant community organizations (including community organizations serving the reentering population).

Metric Details	Indicator(s)	Data Source(s)	Use of Metric to Monitor Progress & Improve Outcomes
supervision agencies) reporting satisfaction with cross-system collaboration efforts.			<ul style="list-style-type: none"> Note, include “reasons for not satisfied” to survey to help understand underlying issues, barriers, objections, etc.

5.4. Data Exchange Systems and Processes to Monitor Individuals’ Health Care Needs: Develop systems or establish processes to monitor the health care needs and HRSN of individuals who are exiting carceral settings, as well as the services they received pre-release and the care received post-release. This includes identifying any anticipated data challenges and potential solutions, articulating the details of the data exchanges, and executing related data-sharing agreements to facilitate monitoring of the demonstration, as described below.

Metric Details	Indicator(s)	Data Source(s)	Use of Metric to Monitor Progress & Improve Outcomes
5.4.1. Health Care Needs and Service Tracking Rate Percentage of reentering individuals with documented records of health care needs, pre-release services received, and post-release care provided.	Number of individuals with completed care tracking records/total number of eligible individuals.	Case management records; health care provider reports; data-sharing systems.	Ensures comprehensive monitoring of care for reentering individuals. Incomplete tracking may indicate data-sharing or documentation issues; resolve these by improving data exchange protocols and addressing privacy or technological challenges.
5.4.2. Data-Sharing Agreement Execution Rate Percentage of participating entities (e.g., corrections, Medicaid, health care providers) with executed data-sharing agreements to support monitoring of health care needs, services provided, and outcomes post-release.	Number of entities with signed data-sharing agreements/total number of potential entities available for data sharing.	Data-sharing agreement records. Onboarding documentation.	<ul style="list-style-type: none"> Low execution rates point to delays in formalizing data exchange processes. Work with agencies to overcome legal, policy, or technological barriers to ensure seamless data exchange, which is critical for tracking health outcomes and service continuity.

Qualitative Methods

The following qualitative methods or protocols provide a comprehensive approach to monitoring Kentucky's Reentry 1115 Demonstration milestones, complementing quantitative metrics with in-depth insights and partner feedback and giving contextual understanding to the quantitative metrics.

Note: The focus groups and briefing sessions with participants described below should be combined and conducted annually.

Milestone 1: Increasing coverage and ensuring continuity of coverage for incarcerated individuals

Qualitative Monitoring Methods:

1. Interviews with Facility Staff and Case Managers

- ♦ **Purpose:** To understand the challenges and successes in implementing Medicaid suspension strategies and providing application assistance, where needed.
- ♦ **How to Use:** Conduct semi-structured interviews with facility staff, case managers, and Medicaid application assistants to gather insights on their experiences, barriers encountered, and suggestions for improving the enrollment and renewal processes.

2. Focus Groups with Incarcerated Individuals

- ♦ **Purpose:** To capture the experiences and perceptions of individuals undergoing the Medicaid application or renewal process during incarceration.
- ♦ **How to Use:** Organize focus groups with incarcerated individuals to discuss their understanding of Medicaid coverage, the support they received, and any difficulties they faced in maintaining or obtaining coverage.

3. Partner Feedback Sessions

- ♦ **Purpose:** To gather input from key partners, including correctional administrators, DOC, DJJ, DMS, DBHDID, other state officials, and community partners, on the effectiveness of coverage continuity strategies.
- ♦ **How to Use:** Hold annual feedback sessions to review processes, share success stories, and discuss areas needing improvement. Use feedback to inform policy adjustments.

4. Case Studies of Successful Transitions

- ♦ **Purpose:** To document successful cases of continuity in Medicaid coverage from incarceration through reentry.
- ♦ **How to Use:** Develop case studies that highlight best practices and strategies, and identify systematic breakdowns used to maintain Medicaid coverage for individuals post-release. Use these case studies to inform training and guide other facilities.

Milestone 2: Covering and ensuring access to pre-release services

Qualitative Monitoring Methods:

1. Case Manager and Service Provider Interviews

- ♦ **Purpose:** To explore the effectiveness of pre-release service identification and delivery.
- ♦ **How to Use:** Conduct interviews with case managers and service providers to discuss the challenges of identifying eligible individuals, coordinating services, and ensuring access to the full benefit package.

2. Participant Journey Mapping

- ♦ **Purpose:** To understand the pre-release service experience from the participant's perspective.
- ♦ **How to Use:** Create journey maps by working with individuals receiving pre-release services to document their experiences, including touchpoints, challenges, and critical moments in accessing services.

3. Observational Studies of Service Delivery

- ♦ **Purpose:** To observe how pre-release services are delivered and identify potential areas for improvement.
- ♦ **How to Use:** Conduct observational studies within facilities to watch service delivery processes, noting interactions between staff and participants, service flow, and adherence to protocols.

4. Focus Groups with Participants Regarding Service Access

- ♦ **Purpose:** To gather feedback from participants regarding the accessibility and effectiveness of pre-release services.

- ♦ **How to Use:** Facilitate focus groups to discuss their experiences with accessing services, barriers they encountered, and suggestions for enhancing service availability and quality.

5. Community Provider Knowledge Assessments

- ♦ **Purpose:** To evaluate case managers' familiarity with and knowledge of community-based resources.
- ♦ **How to Use:** Use brief knowledge assessments with case managers to evaluate their readiness to connect individuals with community resources post-release.

Milestone 3: Promoting continuity of care post-release

Qualitative Monitoring Methods:

1. Person-Centered Care Plan Reviews

- ♦ **Purpose:** To evaluate the quality and comprehensiveness of care plans developed pre-release.
- ♦ **How to Use:** Conduct qualitative reviews of care plans with input from care managers, correctional and community-based health care providers, and participants to assess how well the plans address individual needs and continuity of care.

2. Participant Testimonials and Narratives

- ♦ **Purpose:** To capture personal stories about navigating health care post-release.
- ♦ **How to Use:** Collect narratives from participants detailing their experiences with accessing care, filling prescriptions, and managing their health needs post-release. Use these stories to identify common challenges and areas for improvement.

3. Provider Focus Groups on Continuity of Care

- ♦ **Purpose:** To gather insights from health care providers on the effectiveness of continuity of care strategies.
- ♦ **How to Use:** Facilitate focus groups with providers involved in both pre-release and post-release care to discuss coordination efforts, hand-off processes, and barriers to seamless transitions.

4. Warm Hand-Off Process Evaluations

- ♦ **Purpose:** To assess the effectiveness of warm hand-offs between pre-release and post-release case managers.

- ♦ **How to Use:** Review warm hand-off processes through observations and feedback from both pre-release and post-release case managers. Identify strengths and areas needing enhancement to ensure effective transitions.

5. Case Conferences and Multidisciplinary Team Reviews

- ♦ **Purpose:** To discuss complex cases and ensure alignment between care plans and participant needs.
- ♦ **How to Use:** If possible, establish or utilize regular case conferences with multidisciplinary teams to review care plans, discuss barriers to care continuity, and collaboratively develop solutions for complex cases.

Milestone 4: Connecting to services available post-release

Qualitative Monitoring Methods:

1. Interviews with Participants on Service Connections

- ♦ **Purpose:** To understand participants' experiences connecting to post-release services.
- ♦ **How to Use:** Conduct in-depth interviews with participants to explore their access to housing, employment, and other support services. Identify barriers they faced and opportunities for improving service connections.

2. Case Manager Reflections and Feedback Sessions

- ♦ **Purpose:** To gather insights from case managers about their experiences supporting high-need individuals.
- ♦ **How to Use:** Hold reflection sessions with case managers to discuss the challenges they encounter in maintaining ongoing support, connecting individuals to services, and managing their workloads effectively.

3. Service Provider Partnership Reviews

- ♦ **Purpose:** To assess the quality of partnerships between correctional facilities, community-based providers, and case managers.
- ♦ **How to Use:** Use qualitative assessments and partnership review sessions to discuss how well these partnerships function in supporting reentry. Identify gaps in collaboration and develop strategies to strengthen partnerships.

4. Focus Groups on Service Navigation Challenges

- ♦ **Purpose:** To explore common challenges in navigating post-release services.

- ♦ **How to Use:** Conduct focus groups with participants, case managers, and service providers to identify systemic barriers in service navigation and develop actionable recommendations for improvement.

5. Post-Release Service Coordination Audits

- ♦ **Purpose:** To review the coordination and implementation of services as outlined in care plans.
- ♦ **How to Use:** Conduct audits of post-release service coordination efforts by reviewing care plans, service logs, and participant feedback. Identify discrepancies between planned and actual service delivery.

6. Participant Satisfaction Surveys with Open-Ended Questions

- ♦ **Purpose:** To collect qualitative feedback on satisfaction with post-release services.
- ♦ **How to Use:** Distribute surveys that include open-ended questions to participants about their satisfaction with post-release support and their suggestions for improving services.

7. Peer Support Groups and Feedback

- ♦ **Purpose:** To use peer support groups as a platform for sharing experiences and gathering feedback on service access and quality.
- ♦ **How to Use:** Facilitate peer support groups where participants can discuss their reentry experiences, providing a forum for qualitative feedback on what works and what needs improvement.

Milestone 5: Ensuring cross-system collaboration

Qualitative Monitoring Methods:

1. Partner Interviews on Cross-System Collaboration

- ♦ **Purpose:** To gather insights from key partners about their experiences with cross-system collaboration.
- ♦ **How to Use:** Conduct interviews with representatives from corrections, Medicaid, community providers, and other involved entities to understand how well collaboration is functioning and identify areas for improvement.

2. Readiness Assessment Debriefs

- ♦ **Purpose:** To evaluate the findings from readiness assessments and discuss next steps.

- ♦ **How to Use:** Hold debrief sessions with Kentucky state agencies and relevant partners to review readiness assessment results, discuss challenges, and plan targeted actions to address identified gaps.

3. Cross-System Workshops and Simulation Exercises

- ♦ **Purpose:** To build collaborative skills and test cross-system coordination through practical exercises.
- ♦ **How to Use:** Organize workshops and simulation exercises that bring together partners from different systems to practice coordination scenarios, identify breakdowns, and improve collaborative responses.

4. Focus Groups on Partner Awareness and Education

- ♦ **Purpose:** To evaluate the effectiveness of awareness and education efforts among various partners.
- ♦ **How to Use:** Conduct focus groups with corrections staff, community providers, and other partners to gather feedback on educational materials and identify knowledge gaps.

5. Collaboration and Communication Audits

- ♦ **Purpose:** To assess the quality and frequency of communication between partners, where needed.
- ♦ **How to Use:** Conduct audits of communication logs, meeting minutes, and coordination records to evaluate how well information is shared and acted upon across systems.

6. Feedback Loops and Continuous Improvement Cycles

- ♦ **Purpose:** To create ongoing mechanisms for partner feedback and continuous improvement.
- ♦ **How to Use:** Establish regular feedback loops with partners, using their input to inform iterative improvements in collaboration strategies and processes.

7. Qualitative Case Studies on Cross-System Coordination

- ♦ **Purpose:** To document examples of successful cross-system collaboration and identify best practices.
- ♦ **How to Use:** Develop case studies that highlight effective coordination efforts, detailing the approaches used and the impact on service delivery and participant outcomes.

Table: Serious Mental Illness and Serious Emotional Disturbance Planned Metrics

What follows are the planned metrics and reporting schedule for the SMI/SED monitoring protocol workbook (Part A)

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

State Kentucky
Demonstration Name TEAM KENTUCKY

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 r 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 sched reporting schedule 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, selec 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 quart deviations in column I, "Explanation for deviations (if column H="Y")" and use column J, "Proposed deviation in measurement period from standard reporting schedule 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)	1/1/2025
End date (MM/DD/YYYY)	12/31/2029
Dates of first quarter of the baseline period for CMS-constructed metrics:	
Reporting period (SMI/SED DY and Q) (Format DY#Q#; e.g., DY1Q1)	
Start date (MM/DD/YYYY)*	
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)	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) ^a SMI/SED	Deviation from standard reporting schedule (Y/N)	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)
					Narrative information				
					Grievances and appeals				
					Other monthly and quarterly metrics				Kentucky will deviate from the specification for claims-based metrics to "be calculated after a one-quarter (90 day) lag." KY requests a six-month lag period as an industry standard and aligns with the basic practice of accounting for incurred-but-not- reported (IBNR) claims.
					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				

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)	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) ^a SMI/SED	Deviation from standard reporting schedule (Y/N)	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)
					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				

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)	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) ^a SMI/SED	Deviation from standard reporting schedule (Y/N)	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)
					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				
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					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				

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)	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) ^a SMI/SED	Deviation from standard reporting schedule (Y/N)	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)
					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				
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					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				

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

		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)	SMI/SED reporting period (Format DY#Q#: e.g., DY1Q3)		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)	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)
SMI/SED reporting quarter start date (MM/DD/YYYY)	SMI/SED reporting quarter end date (MM/DD/YYYY)				Reporting category				
					Narrative information				
					Grievances and appeals				
					Other monthly and quarterly metrics				
					Annual availability assessment				
					Annual metrics that are established quality measures				
					Other annual metrics				

[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 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 – December 31, 2025, the state should 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. 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 December 15, 2020, with an effective date of January 1, 2021 for the new demonstration period. In many cases, the 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" tab should align with 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 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 Table 1 of the "SMI/SED reporting schedule" tab. 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 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 retrospective reporting of data following 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 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 DY1). Data in each 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 Assessments when it submits its annual monitoring reports, it should propose and describe a reporting deviation in Column G and H.

**TEAMKY Section 1115 Serious Mental Illness and Serious
Emotional Disturbance Demonstrations
Monitoring Protocol – Part B**

Note: PRA Disclosure Statement to be added here

1. Title page for the state’s serious mental illness and serious emotional disturbance (SMI/SED) demonstration or the SMI/SED component of the broader demonstration

This section collects information on the approval features of the state’s section 1115 SMI/SED demonstration overall. The state completed this title page as part of its SMI/SED monitoring protocol. The state should complete this table using the corresponding information from its CMS-approved monitoring protocol and submit this as the title page of all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.

State	<i>Kentucky</i>
Demonstration name	<i>TEAMKY</i>
Approval period for section 1115 demonstration	<i>12/12/2024 – 12/31/2029</i>
SMI/SED demonstration start date^a	<i>01/01/2025</i>
Implementation date of SMI/SED demonstration, if different from SMI/SED demonstration start date^b	<i>01/01/2026</i>
SMI/SED (or if broader demonstration, then SMI/SED-related) demonstration goals and objectives	<p><i>Effective upon CMS' approval of the SMI/SED Implementation Protocol, as described in STC 116, beneficiaries will have access to, the full range of otherwise covered Medicaid services, including SMI treatment services. These SMI services will range in intensity from short-term acute care in inpatient settings for SMI, to ongoing chronic care for such conditions in cost-effective community-based settings. The state will work to improve care coordination and care for co-occurring physical and behavioral health conditions. The state must achieve a statewide average length of stay of no more than 30 days for beneficiaries receiving treatment in an IMD.</i></p> <p><i>The demonstration will allow Kentucky to sustain and improve access to mental health services while enhancing system delivery to offer more coordinated and comprehensive treatment for Medicaid beneficiaries with serious mental illness (SMI). Goal and Objectives include:</i></p> <ul style="list-style-type: none"> <i>• Reduce utilization and lengths of stay in ED among Medicaid beneficiaries with SMI while awaiting mental health treatment in specialized settings;</i> <i>• Reduce preventable readmissions to acute care hospitals and residential settings;</i> <i>• Improve the availability of crisis stabilization services including services made available through call centers and mobile crisis teams, intensive outpatient services, as well as services provided during acute short-term stays in residential crisis stabilization programs, psychiatric hospitals, and residential treatment settings throughout the state;</i> <i>• Improve access to community-based services to address the chronic mental health care needs of beneficiaries with SMI including through increased integration of primary and behavioral health care; and</i> <i>• Improve care coordination, especially continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities.</i>

SMI/SED demonstration year and quarter	<i>Kentucky will enter the SMI/SED demonstration year and quarter associated with the appropriate reporting period (e.g., SMI/SED DY1Q3 report) in alignment with the reporting schedule in the state's approved monitoring protocol.</i>
Reporting period	<i>Kentucky will enter calendar dates for the appropriate reporting period (i.e., for the quarter or year) (MM/DD/YYYY – MM/DD/YYYY) in alignment with the reporting schedule in the state's approved monitoring protocol.</i>

^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 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 December 15, 2020, with an effective date of January 1, 2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

^b **Implementation date of SMI/SED demonstration:** The date the state began claiming or will begin claiming federal financial participation for services provided to individuals in institutions for mental disease.

2. Executive summary

The executive summary should be reported below. It is intended for summary-level information only. The recommended word count is 500 words or less.

Enter the executive summary text here.

3. Narrative information on implementation, by milestone and reporting topic

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1. Ensuring Quality of Care in Psychiatric Hospitals and Residential Settings (Milestone 1)				
1.1 Metric trends				
1.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.			
1.2 Implementation update				
1.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:			
1.2.1.a	The licensure or accreditation processes for participating hospitals and residential settings			
1.2.1.b	The oversight process (including unannounced visits) to ensure participating hospital and residential settings meet state's licensing or certification and accreditation requirements			
1.2.1.c	The utilization review process to ensure beneficiaries have access to the appropriate levels and types of care and to provide oversight on lengths of stay			
1.2.1.d	The program integrity requirements and compliance assurance process			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.2.1.e The state requirement that psychiatric hospitals and residential settings screen beneficiaries for co-morbid physical health conditions, SUDs, and suicidal ideation, and facilitate access to treatment for those conditions			
1.2.1.f Other state requirements/policies to ensure good quality of care in inpatient and residential treatment settings			
1.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1.			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2. Improving Care Coordination and Transitions to Community-Based Care (Milestone 2)			
2.1 Metric trends			
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2.			
2.2 Implementation update			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 2.2.1.a Actions to ensure that psychiatric hospitals and residential treatment settings carry out intensive pre-discharge planning, and include community-based providers in care transitions			
2.2.1.b Actions to ensure psychiatric hospitals and residential settings assess beneficiaries' housing situations and coordinate with housing services providers			
2.2.1.c State requirement to ensure psychiatric hospitals and residential settings contact beneficiaries and community-based providers within 72 hours post discharge			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.1.d Strategies to prevent or decrease the lengths of stay in EDs among beneficiaries with SMI or SED (e.g., through the use of peers and psychiatric consultants in EDs to help with discharge and referral to treatment providers)			
2.2.1.e Other state requirements/policies to improve care coordination and connections to community-based care			
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2.			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3. Access to Continuum of Care, Including Crisis Stabilization (Milestone 3)			
3.1 Metric trends			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3.			
3.2 Implementation update			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.a State requirement that providers use an evidenced-based, publicly available patient assessment tool to determine appropriate level of care and length of stay			
3.2.1.b Other state requirements/policies to improve access to a full continuum of care including crisis stabilization			
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3.			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4. Earlier Identification and Engagement in Treatment, Including Through Increased Integration (Milestone 4)			
4.1 Metric trends			
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4.			
4.2 Implementation update			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 4.2.1.a Strategies for identifying and engaging beneficiaries in treatment sooner (e.g., with supported education and employment)			
4.2.1.b Plan for increasing integration of behavioral health care in non-specialty settings to improve early identification of SED/SMI and linkages to treatment			
4.2.1.c Establishment of specialized settings and services, including crisis stabilization services, focused on the needs of young people experiencing SMI or SED			
4.2.1.d Other state strategies to increase earlier identification/engagement, integration, and specialized programs for young people			
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4.			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5. SMI/SED health information technology (health IT)			
5.1 Metric trends			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics.			
5.2 Implementation update			
5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 5.2.1.a The three statements of assurance made in the state's health IT plan			
5.2.1.b Closed loop referrals and e-referrals from physician/mental health provider to physician/mental health provider and/or physician/mental health provider to community-based supports			
5.2.1.c Electronic care plans and medical records			
5.2.1.d Individual consent being electronically captured and made accessible to patients and all members of the care team			
5.2.1.e Intake, assessment and screening tools being part of a structured data capture process so that this information is interoperable with the rest of the health IT ecosystem			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.2.1.f Telehealth technologies supporting collaborative care by facilitating broader availability of integrated mental health care and primary care			
5.2.1.g Alerting/analytics			
5.2.1.h Identity management			
5.2.2 The state expects to make other program changes that may affect metrics related to health IT.			

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6. Other SMI/SED-related metrics				
6.1 Metric trends				
6.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SMI/SED-related metrics.			
6.2 Implementation update				
6.2.1	The state expects to make the following program changes that may affect other SMI/SED-related metrics.			

4. Narrative information on other reporting topics

Prompts	State has no update to report (place an X)	State response
7. Annual Assessment of Availability of Mental Health Services (Annual Availability Assessment)		
7.1 Description of changes to baseline conditions and practices		
7.1.1 Describe and explain any changes in the mental health service needs of Medicaid beneficiaries with SMI/SED compared to those described in the Initial Assessment of the Availability of Mental Health Services (for example, prevalence and distribution of SMI/SED). Recommended word count is 500 words or less.		
7.1.2 Describe and explain any changes to the organization of the state’s Medicaid behavioral health service delivery system compared to those described in the Initial Assessment of the Availability of Mental Health Services. Recommended word count is 500 words or less.		
7.1.3 Describe and explain any changes in the availability of mental health services for Medicaid beneficiaries with SMI/SED in the state compared to those described in the Initial Assessment of the Availability of Mental Health Services. At minimum, explain any changes across the state in the availability of the following services: inpatient mental health services, outpatient and community-based services, crisis behavioral health services, and care coordination and care transition planning. Recommended word count is 500 words or less.		

Prompts	State has no update to report (place an X)	State response
7.1.4 Describe and explain any changes in gaps the state identified in the availability of mental health services or service capacity while completing the Annual Availability Assessment compared to those described in the Initial Assessment of the Availability of Mental Health Services. Recommended word count is 500 words or less.		
7.1.5 Describe and explain whether any changes in the availability of mental health services have impacted the state’s maintenance of effort (MOE) on funding outpatient community-based mental health services. Recommended word count is 500 words or less.		
7.2 Implementation update		
7.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 7.2.1.a The state’s strategy to conduct annual assessments of the availability of mental health services across the state and updates on steps taken to increase availability		
7.2.1.b Strategies to improve state tracking of availability of inpatient and crisis stabilization beds		

Prompts		State has no update to report (place an X)	State response
8. Maintenance of effort (MOE) on funding outpatient community-based mental health services			
8.1 MOE dollar amount			
8.1.1	Provide as a dollar amount the level of state appropriations and local funding for outpatient community-based mental health services for the most recently completed state fiscal year.		
8.2 Narrative information			
8.2.1	Describe and explain any reductions in the MOE dollar amount below the amount provided in the state's application materials. The state should confirm that it did not move resources to increase access to treatment in inpatient or residential settings at the expense of community-based services.		

Prompts	State has no update to report (place an X)	State response
9. SMI/SED financing plan		
9.1 Implementation update		
<p>9.1.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>9.1.1.a Increase availability of non-hospital, non-residential crisis stabilization services, including services made available through crisis call centers, mobile crisis units, and observation/assessment centers, with a coordinated community crisis response that involves law enforcement and other first responders</p>		
<p>9.1.1.b Increase availability of ongoing community-based services, e.g., outpatient, community mental health centers, partial hospitalization/day treatment, assertive community treatment, and services in integrated care settings such as the Certified Community Behavioral Health Clinic model</p>		

Prompts		State has no update to report (place an X)	State response
10. Budget neutrality			
10.1 Current status and analysis			
10.1.1	Describe the current status of budget neutrality and an analysis of the budget neutrality to date. If the SMI/SED component is part of a broader demonstration, the state should provide an analysis of the SMI/SED-related budget neutrality and an analysis of budget neutrality as a whole.		
10.2 Implementation update			
10.2.1	The state expects to make other program changes that may affect budget neutrality.		

Prompts	State has no update to report (place an X)	State response
11. SMI/SED-related demonstration operations and policy		
11.1 Considerations		
11.1.1 The state should highlight significant SMI/SED (or if broader demonstration, then SMI/SED-related) demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SMI/SED demonstration's approved goals or objectives, if not already reported elsewhere in this document. See Monitoring Report Instructions for more detail.		
11.2 Implementation update		
11.2.1 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities.		
11.2.2 The state is working on other initiatives related to SMI/SED.		
11.2.3 The initiatives described above are related to the SMI/SED demonstration as described (The state should note similarities and differences from the SMI/SED demonstration).		

Prompts	State has no update to report (place an X)	State response
11.2.4 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.4.a How the delivery system operates under the demonstration (i.e., through the managed care system or fee for service)		
11.2.4.b Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)		
11.2.4.c Partners involved in service delivery		
11.2.4.d The state Medicaid agency's Memorandum of Understanding (MOU) or other agreement with its mental health services agency		

Prompts	State has no update to report (place an X)	State response
12. SMI/SED demonstration evaluation update		
12.1 Narrative information		
12.1.1 Provide updates on SMI/SED evaluation work and timeline. The appropriate content will depend on when this monitoring report is due to CMS and the timing for the demonstration. There are specific requirements per 42 Code of Federal Regulations (CFR) § 431.428a(10) for annual [monitoring] reports. See Monitoring Report Instructions for more details.		
12.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.		
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.		

Prompts	State has no update to report (place an X)	State response
13. Other SMI/SED demonstration reporting		
13.1 General reporting requirements		
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol.		
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes.		
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.a The schedule for completing and submitting monitoring reports		
13.1.3.b The content or completeness of submitted monitoring reports and/or future monitoring reports		
13.1.4 The state identified current or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.		
13.1.5 Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR 431.428(a)5.		

Prompts	State has no update to report (place an X)	State response
13.2 Post-award public forum		
13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual monitoring report.		

Prompts	State has no update to report (place an X)	State response
14. Notable state achievements and/or innovations		
14.1 Narrative information		
14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SMI/SED (or if broader demonstration, then SMI/SED-related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms (e.g., number of impacted beneficiaries).		

*The state should remove all example text from the table prior to submission.

Note: Licensee and states must prominently display the following notice on any display of Measure rates:

The MPT, FUH-CH, FUH-AD, FUA-AD, FUM-AD, AAP, and APM measures (#13, 14, 15, 16, 17, 18, 7, 8, 9, 10, 26, 29) are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided “as is” without warranty of any kind. NCQA makes no representations, warranties, or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications.

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