

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850



State Demonstrations Group

November 14, 2024

Ryan Moran, DrPH, MHSA
Deputy Secretary, Health Care Financing and Medicaid Director
Maryland Department of Health
201 West Preston Street, Room 525
Baltimore, MD 21201

Dear Dr. Moran:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the Serious Mental Illness (SMI)/Serious Emotional Disturbance (SED) Monitoring Protocol, which is required by the Special Terms and Conditions (STC) #34 of Maryland's section 1115 demonstration, "Maryland HealthChoice" (Project No: 11-W-00099/3). CMS has determined that the monitoring protocol, which was submitted on July 5, 2022, and revised on November 1, 2024, meets the requirements set forth in the STCs, and thereby approves the state's SUD monitoring protocol.

The monitoring protocol is approved for the demonstration period through December 31, 2026, and is hereby incorporated into the demonstration STCs as Attachment I (see attached). In accordance with STC 58 (Public Access), the approved SMI/SED monitoring protocol may now be posted to your state's Medicaid website.

If you have any questions, please contact your CMS project officer, Mr. Felix Milburn, at Felix.Milburn@cms.hhs.gov.

We look forward to our continued partnership on the Maryland HealthChoice section 1115 demonstration.

Sincerely,

Danielle
Daly -S

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Danielle Daly -S
Date: 2024.11.14
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Danielle Daly
Director
Division of Demonstration
Monitoring and Evaluation

cc: Nicole Guess, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

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

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

The state should complete this title page as part of its SMI/SED monitoring protocol. This form should be submitted as the title page for all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are provided below the table.

State	Maryland
Demonstration name	HealthChoice
Approval period for section 1115 demonstration	January 1, 2022 – December 31, 2026
SMI/SED demonstration start date^a	January 1, 2022
Implementation date of SMI/SED demonstration, if different from SMI/SED demonstration start date^b	July 20, 2022 (SMI Implementation Approval Date)
SMI/SED (or if broader demonstration, then SMI/SED-related) demonstration goals and objectives	<p><i>The demonstration will test whether the availability of specialty MH services in a dedicated psychiatric hospital, in addition to other community-based MH care, results in increased access to health care across the continuum of care and improved health outcomes for individuals with SMI. Additionally, an IMD exclusion waiver for psychiatric services supports the aims of Maryland’s TCOC model, by potentially decreasing ED utilization in acute care hospitals (thereby decreasing wait times) as well as avoidable readmissions. Thus, approval of coverage of short stays in psychiatric IMDs for individuals with SMI would aid the Department in meeting among other goals as outlined by CMS the following:</i></p> <ul style="list-style-type: none"> • <i>Improving access to a continuum of clinically-appropriate care to Medicaid participants needing treatment for SMI</i> • <i>Reducing utilization and lengths of stay in EDs among Medicaid participants with SMI</i> • <i>Reducing preventable readmissions to acute care hospitals and residential settings</i> • <i>Improving care coordination, especially continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities.</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 the 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. Acknowledgement of narrative reporting requirements

- ☒ The state has reviewed the narrative questions in the Monitoring Report Template provided by CMS and understands the expectations for quarterly and annual monitoring reports. The state will provide the requested narrative information (with no modifications).

3. Annual Assessment of the Availability of Mental Health Services reporting

- ☒ The state will use data as of the following month and day of each calendar year to conduct its Annual Assessment of the Availability of Mental Health Services: *December 31st*.

4. Acknowledgement of budget neutrality reporting requirements

- ☒ The state has reviewed the Budget Neutrality Workbook and understands the expectations for quarterly and annual monitoring reports. The state will provide the requested budget neutrality information (with no modifications).

5. Retrospective reporting

The state is not expected to submit metrics data until after monitoring protocol approval, to ensure that data reflects the monitoring plans agreed upon by CMS and the state. Prior to monitoring protocol approval, the state should submit quarterly and annual monitoring reports with narrative updates on implementation progress and other information that may be applicable, according to the requirements in its STCs.

For a state that has monitoring protocols approved after one or more initial quarterly monitoring report submissions, it should report metrics data to CMS retrospectively for any prior quarters (Qs) of the section 1115 SMI/SED demonstration that precede the monitoring protocol approval date. A state is expected to submit retrospective metrics data—provided there is adequate time for preparation of these data—in its second monitoring report submission that contains metrics. The retrospective report for a state with a first SMI/SED demonstration year (DY) of less than 12 months should include data for any baseline period Qs preceding the demonstration, as described in Part A of the state’s monitoring protocol. (See Appendix B of the Monitoring Protocol Instructions for further instructions on determining baseline periods for first SMI/SED DYs that are less than 12 months). If a state needs additional time for preparation of these data, it should propose an alternative plan (i.e., specify the monitoring report that would capture the data) for reporting retrospectively on its SMI/SED demonstration.

In the monitoring report submission containing retrospective metrics data, the state should also provide a general assessment of metrics trends from the start of its demonstration through the end of the current reporting period. The state should report this information in Part B of its report submission (Section 3. Narrative information on implementation, by milestone and reporting topic). This general assessment is not intended to be a comprehensive description of

every trend observed in metrics data. Unlike other monitoring report submissions, for instance, the state is not required to describe all metrics changes (+ or - greater than 2 percent). Rather, the assessment is an opportunity for the state to provide context for its retrospective metrics data and to support CMS’s review and interpretation of these data. For example, consider a state that submits data showing an increase in the utilization of telehealth services for mental health (Metric #17) over the course of the retrospective reporting period. The state may decide to highlight this trend to CMS in Part B of its monitoring report (under Milestone 3) by briefly summarizing the trend and providing context that, during this period, the state implemented a grant to improve access to mental health treatment in rural areas through the use of telemedicine.

For further information on how to compile and submit a retrospective report, the state should review Section B of the Monitoring Report Instructions document.

- ☒ The state will report retrospectively for any Qs prior to monitoring protocol approval as described above, in the state’s second monitoring report submission that contains metrics after protocol approval.
- ☐ The state proposes an alternative plan to report retrospectively for any Qs prior to monitoring protocol approval: *Insert narrative description of proposed alternative plan for retrospective reporting. Regardless of the proposed plan, retrospective reporting should include retrospective metrics data and a general assessment of metric trends for the period. The state should provide justification for its proposed alternative plan.*