Medicaid Section 1115 Demonstrations

Mid-Point Assessment Technical Assistance

Version 2.0 (November 2025)

State Demonstrations Group (SDG)
Center for Medicaid and CHIP Services (CMCS)
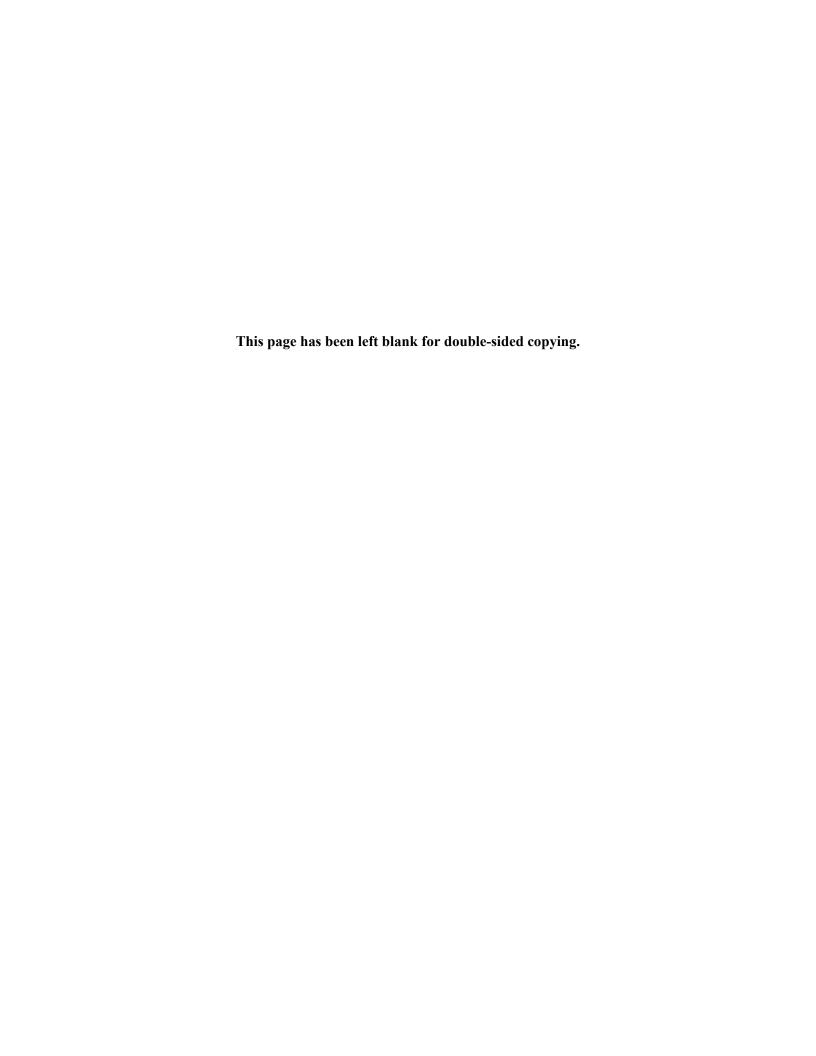Centers for Medicare & Medicaid Services (CMS)

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I. Introduction

The Special Terms and Conditions (STCs) for certain Medicaid section 1115 demonstrations specify that state monitoring data will inform a Mid-Point Assessment that will help the state and the Centers for Medicare & Medicaid Services (CMS) understand whether the state is making sufficient progress towards meeting the demonstration milestones.[1,2] The Mid-Point Assessment will provide an opportunity for CMS and the state to work together on plans to ensure ongoing progress towards the state's demonstration goals. Mid-Point Assessment findings may also be used by the state Medicaid agency and its stakeholders to inform demonstration planning and quality improvement efforts, and to highlight successful approaches for consideration across the broader Medicaid population.

> **Why is the state asked to conduct a Mid-Point Assessment?**
>
> The Mid-Point Assessment provides an opportunity for a state with a section 1115 demonstration to:
>
> - Describe progress towards milestones and whether the monitoring metrics are trending in the desired direction at the mid-point
>
> - Identify risks, develop strategies to address any challenges the state may be facing, and assess any proposed modifications to demonstration activities
>
> - If needed, work with CMS to develop a corrective action plan to help meet the demonstration requirements and milestones

A. How to use this document

The purpose of this document is to support the state in planning and conducting a Mid-Point Assessment (hereafter "assessment") of certain Medicaid section 1115 demonstrations.[3] The remainder of Section I provides an overview of the requirements and presents considerations for the state related to developing and completing the assessment. Section II provides an overview of the components that the state should include in its assessment, including example templates that the state may adapt. In addition, there are policy-specific appendices to this document. These appendices provide instructions for each applicable policy.

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[1] A state with policies that were implemented at different times is expected to submit separate Mid-Point Assessments in accordance with the STCs. A state with concurrently approved policies, including when one policy is in an extension period, may submit a single assessment summarizing findings from their Mid-Point Assessments of each policy. In this latter case, the state should clearly distinguish the different policy components of its assessment.

[2] State Medicaid Director Letters (SMDLs) for certain policies specify a Mid-Point Assessment. For more information see: The November 13, 2018 SMDL (SMDL # 18-011 RE: Opportunities to Design Innovative Service Delivery Systems for Adults with a Serious Mental Illness or Children with a Serious Emotional Disturbance) is available at: https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/smd18011.pdf; The November 1, 2017 SMDL (SMDL # 17-003 RE: Strategies to Address the Opioid Epidemic) is available at: https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/smd17003.pdf; The April 17, 2023 SMDL (SMDL # 23-003 RE: Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated) is available at: SMD 23-003 - Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated.

[3] This guide supersedes the previous Mid-Point Assessment guidance document.

B. Requirements for the Mid-Point Assessment

The STCs specify that the state must work with an independent assessor to conduct the assessment. The assessment should capture information from the first two-and-a-half years of implementation accounting for data run out and data completeness.

In this assessment, the state should include all elements that are outlined in its STCs.[4] The state should use its findings to assess the risk of not achieving each milestone and, if needed, describe how the state plans to achieve progress toward that milestone. The state should identify the overall risk of not meeting each demonstration milestone as low, medium, or high based on an assessment of its progress on monitoring metrics, and, if necessary, other supplemental data (e.g., feedback from key stakeholders, or other state-specific data). To the extent possible, the state should also describe internal and external factors, as well as and facilitators and barriers to progress.[5]

C. Process for conducting the Mid-Point Assessment

Figure 1 outlines a general approach for engaging with the state's independent assessor and CMS to design and carry out the assessment. CMS allows the state the flexibility to design and carry out an assessment that meets the requirements laid out in the STCs, while aligning with the state's available resources and priorities. The state's CMS demonstration team is available to discuss and provide additional guidance on the process and requirements.

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[4] At this time, CMS considers the budget neutrality assessment to be addressed through the state's ongoing budget neutrality reporting. As such, a separate budget neutrality assessment is not necessary for the state's Mid-Point Assessment.

[5] For example, the state can describe how factors such as the 2019 Coronavirus (COVID-19) public health emergency (PHE) or subsequent unwinding impacted metric trends, service utilization, or demonstration implementation.

Figure 1. Process for conducting the Mid-Point Assessment

Step 1.
Engage independent assessor

- States collaborate with independent assessor to design a assessment that will yield meaningful, action-oriented results.

Step 2.
Conduct assessment

- Independent assessor conducts the assessment and provides the state with a summary of findings with recommended course corrections, as needed.

Step 3.
Review assessment findings

- State reviews and provides feedback on assessment findings and recommendations.
- Independent assessor includes state feedback in midpoint assessment.

Step 4.
Submit assessment

- State submits the assessment to CMS.
- State briefs CMS as needed on assessment findings and recommendations.

Step 5.
Respond to CMS feedback

- CMS provides feedback on assessment findings and recommendations.
- State works with CMS to review findings and, if needed, develops a corrective action plan.

Step 6.
Implement changes, as needed

- State works with CMS to implement operational changes to its demonstration, as needed, based on CMS' review of assessment findings and recommendations or its corrective plan.

II. Assessment Components

This section outlines the components that should be included in the assessment. These components include: (1) general background information on the demonstration; (2) the methodology used to conduct the assessment; and (3) assessment findings; and (4) next steps.

A. General background information

This section of the assessment should include basic information about the demonstration.

1. Demonstration name, approval date, and time period of data analyzed in the assessment

The assessment should provide the following information about the state's demonstration:

- The full name
- The date that it was approved, as well as the approval period as specified in the state's current STCs

In addition, the assessment should specify the implementation period that was analyzed for the Mid-Point Assessment. If the state's analysis timeframe differs substantially from the expected timeframe due to, for example, delayed implementation of the demonstration, the assessment should explain this difference. If the state has a demonstration extension, the assessor should note the progress achieved in the prior approval period, which milestones were most challenging, and areas of focus based on the prior assessment.

2. Description of the demonstration's policy goals

The assessment should provide a brief description of the state's policy, as well as the Medicaid eligibility groups that are subject to relevant policies or any other criteria used to define the group of beneficiaries impacted. This description should also include other information relevant to the assessment, such as when milestone-specific activities were implemented and any plans for a staged rollout of relevant policies or programmatic changes that may affect the state's ability to assess progress towards certain milestones.

B. Methodology

This section of the assessment should include information about how the assessment was designed and conducted.

1. Data sources

The assessment should provide a description of all data sources used. For each data source, the assessment should describe how the data were collected. For the assessment, the state must show progress on monitoring metrics. In addition, the state may consider other data sources to help illustrate progress, including implementation plan action items, state-specific metrics, as well as feedback from stakeholders. Table 1 further describes the data sources the state may use to conduct its assessment.

Table 1. Data sources for the Mid-Point Assessment

Data source	Description
Monitoring metrics	The state must include monitoring metrics associated with specific milestones in its Mid-Point Assessment. These monitoring metrics have a desired directionality that is either state-defined or CMS-provided and identified in a state's monitoring reports.
State-specific metrics	The state may choose to describe performance on state-specific metrics not included in CMS's monitoring metrics set to provide additional information about its progress towards each milestone.
Implementation plan action items	The state may assess its progress towards the action items associated with each milestone, as described in the state's implementation plan. These action items will help the state provide context for its progress on the metrics.
Surveys or qualitative interviews with key stakeholders[a]	The state is encouraged to conduct surveys or qualitative interviews with key stakeholders to help describe demonstration activities and provide context for state progress or challenges in implementation. These stakeholders could include representatives from managed care organizations (MCOs), providers, beneficiaries, and other key partners, such as social service and carceral organization representatives.
Narrative monitoring or evaluation report data	The state may also draw on narrative information from its monitoring reports and/or qualitative and quantitative evaluation data, as appropriate and available.

[a] If surveys or qualitative interviews are conducted, the assessment should discuss the method (for example, surveys, group interviews, or individual interviews), and the entities from which data was collected (e.g., specific managed care entities, provider agencies, or advocacy groups).

2. Analytic methods

The assessment should include a brief description of analytic methods used to examine progress toward milestones and assess whether the state is at risk for not meeting the desired directionality for monitoring metrics.

Monitoring metrics. The state should calculate changes in performance on monitoring metrics between baseline and mid-point.[6] The state should be able to use the results to assess whether the state is on track to meet the desired directionality for monitoring metrics. The state should apply the formulas presented in the box below to calculate changes in its monitoring metrics.[7] In addition, the state may use other data sources and analyses to provide context if the state identifies any gaps in progress or issues as part of its assessment

Formulas for calculating changes in monitoring metrics

Absolute Change = Value of metric at mid-point - Value of metric at baseline

Percent Change = (Value of metric at mid-point - Value of metric at baseline)/Value of metric at baseline

Other data sources. The state should describe the methods used to analyze (e.g., X Y Z) any other data sources used in the Mid-Point Assessment, including implementation plan action items, qualitative

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[6] For demonstration extensions, the baseline period is the first year of the demonstration extension approval period.
[7] The data from the baseline reporting period should be the same data reported in the first monitoring report that included the metric. The data at the mid-point can be the most recent data that the state has available before the state began its Mid-Point Assessment, ensuring at least 2.5 years of data are reported.

interviews or surveys with key stakeholders, and narrative information from other demonstration documents.

3. Assessment of overall risk of not meeting milestones

The state should identify its overall risk of not meeting each demonstration milestone as low, medium, or high based on an assessment of its progress on monitoring metrics and other supplemental data associated with the milestone. The Methodology section should include a brief description of the process used by the state to assess its overall risk of not meeting each milestone based on findings from its analysis of the monitoring metrics and other data sources, as appropriate. Table 2 describes considerations the state may use to assess its risk of not achieving each milestone. Section II.C provides a template (Table 5) that aligns with these considerations, which the state may adapt and use to present its assessment of risk for each milestone. When assessing risk, the state should consider progress towards implementation plan action items associated with the milestones and risks related to meeting the milestones identified by key stakeholders.

Table 2. Considerations for assessing risk of not achieving each milestone

Data source	Considerations	Overall risk of not meeting milestone		
		Low	Medium	High
Monitoring metrics (required)	For each metric associated with the milestone, is the state moving in the desired direction?	All or nearly all (e.g., more than 75 percent) of the monitoring metrics are trending in the desired direction	Some (e.g., 25-75 percent) of the monitoring metrics and other monitoring metrics are trending in the desired direction	Few (e.g., less than 25 percent) of the monitoring metrics and other monitoring metrics are trending in the desired direction
Implementation plan action items	Has the state completed each action item associated with the milestone as scheduled to date?	All or nearly all (e.g., more than 75 percent) of the action items completed	Some (e.g., 25-75 percent) of the action items completed	Few (e.g., less than 25 percent) of the action items were completed
Stakeholder feedback	Did key stakeholders identify risks related to meeting the milestone?	Few stakeholders identified risks; risks can be easily addressed within the planned timeframe	Multiple stakeholders identified risks that may cause challenges meeting milestone	Stakeholders identified significant risks that may cause challenges meeting milestone

4. Limitations

The assessment should provide a description of any limitations associated with the data sources or analytic methods used to conduct the Mid-Point Assessment, as well as other key considerations for the state and CMS in examining assessment findings.

C. Findings

This section should describe findings and recommendations, as well as the state's responses to the assessment findings. The assessment should synthesize findings across all data sources used for the assessment to determine whether the state has demonstrated progress on each demonstration milestone. The state is not required to submit a separate report describing responses to the independent Mid-Point Assessment findings and recommendations. Instead, the state should review and provide responses on the

assessment findings and recommendations, and the independent assessor should include or incorporate the state's responses into the final assessment. Table 5, at the end of this section, provides a template for presenting results and risk assessment by milestone.

1. Progress towards demonstration milestones

This section should include a summary of the independent assessor's findings regarding the state's progress towards meeting each demonstration milestone. For milestones with one monitoring metric or no assigned monitoring metrics, the state should use other supporting evidence of progress such as implementation action items, narrative updates, and other policy specific resources to demonstrate progress toward meeting the milestone. CMS will assess the evidence in the assessment to make the final determination on the state's progress towards milestones.

Monitoring metrics. The assessment should include a table presenting changes in monitoring metrics between the baseline period and the mid-point. The state may use or adapt the template provided in Table 3 to present its findings. For each monitoring metric included in the assessment, the assessment should indicate directionality at mid-point based on the changes from baseline to mid-point (i.e., increase, decrease, or consistent) in the context of the desired directionality from the state's monitoring reports.

The assessment should also include a narrative with additional context to help CMS understand these findings. The narrative may also describe other trends in the state's monitoring metrics, such as periods of increase/decrease or low/high points that occurred between the baseline and mid-point that help explain why the state did not show progress at the mid-point. The assessment may also incorporate longitudinal data or information as context for understanding unexpected or anomalous results. For example, if a state had been improving on a metric but at the mid-point, performance on the metric drops, the state may provide longitudinal information from prior to the mid-point to put the change in performance in perspective.

In some instances, the technical specifications for a given metric may change substantially over the course of the demonstration. Examples of substantial changes may include the state adding state-specific codes to reflect newly covered services, or a national measure steward updating the measure rate calculation for a metric that is an established quality measure.[8] If a metric calculation changed substantially during the demonstration, the state should describe how the change affected the metrics data, as well as any anticipated effect on trends over time.

CMS will review the state's assessment of the monitoring metrics associated with each milestone to determine whether the state has achieved sufficient progress towards that milestone at the mid-point. In general, CMS will consider any improvement toward the metric's desired directionality between the start of the demonstration and the mid-point as sufficient progress. CMS recognizes that there may not be enough time prior to the Mid-Point Assessment for the state to make observable progress on some monitoring metrics. Additionally, there may be external factors outside of the state's control that may limit improvement on monitoring metrics.

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[8] For example, for measurement year (MY) 2022, the Healthcare Effectiveness Data and Information Set (HEDIS) specifications for both SUD_15 and 17(1) underwent significant changes. Due to the significant changes to the measures, MY2022 trends may not be comparable to prior year's measure results. See HEDIS MY 2022 Trending Memo published by National Committee for Quality Assurance.

Table 3. Findings from Mid-Point Assessment of monitoring metrics

| Metric # | Metric Name | Monitoring metric rate or count | | | | Desired directionality[b] | Directionality at mid-point | Progress[c] (Yes/No) | Milestone risk assessment[d] |
		At baseline[a]	At mid-point[a]	Absolute change	Percent change				
#	*Example metric*	*0.5*	*0.4*	*-0.1*	*-20%*	*Decrease*	*Decrease*	*Yes*	*Low*

[a] The measurement period (year, quarter, or month) for each monitoring metric should align with the dates in the state's monitoring reports. Any deviations in the state's Mid-Point Assessment related to the measurement period or calculation method should be explained in the Mid-Point Assessment.

[b] The desired directionality (increase, decrease, consistent) should align with the state's monitoring reports.

[c] Progress is considered any movement toward the desired directionality. If the desired directionality is to remain consistent with the baseline value, then no movement on the metric will be considered progress.

[d] Milestone risk assessment is only required for each milestone, not each metric. The milestone risk assessment could be categorized as low (e.g., 75% or more of metrics moving in the desired direction), medium (e.g., 25-75%), or high (e.g., 25% or less) based on all of the metrics under each milestone.

Implementation plan action items. If the state includes a review of implementation plan action items for its Mid-Point Assessment, the assessment should include a description of the status of each action item (i.e., action item has been completed, remains open, or has been suspended) and explain whether and how internal and external factors have affected the state's ability to complete action items on schedule.[9] The state may use or adapt the template provided in Table 4 to present its findings. If the state had to change the timeline for action items due to internal or external factors, the assessment should describe the state's revised plans for achieving the new timeline.

Table 4. Findings from Mid-Point Assessment of implementation plan action items

Action item number and description	Date to be completed[a]	Current status (completed, open, suspended)
1: *Example action item*	*06/30/2021*	*Open*

[a] Date to be completed should be the date included in the state's CMS-approved implementation plan. If no date was included in the implementation plan, the state should provide one here.

Stakeholder input. If the state collects feedback from key stakeholders to use in the Mid-Point Assessment, the assessment should describe common views among stakeholders on the demonstration's progress or areas of concern, differences in observations between stakeholders (e.g., providers versus beneficiaries), or potential modifications to the state's implementation of the demonstration in response to stakeholder feedback. To the extent possible, the state should present findings from its analysis of stakeholder input by milestone. The state may also use stakeholder feedback to help assess its level of risk of not meeting the milestones currently or in the future.

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[9] Examples of factors affecting a state's demonstration progress could include legislation or other related efforts (such as grants, cooperative agreements, or demonstrations) at the federal or state-level; organizational changes within the state or its managed care entities; and challenges accessing, using, or interpreting related data sources.

2. Assessment of overall risk of not meeting milestones

The assessment should include the state's determination of risk level for each milestone as described in Section II.B.3 and the independent assessor's recommended modifications for medium and high-risk milestones. The state may use or adapt the template provided in Table 5 to present its assessment of risk. The assessment should note whether the state expects to modify the demonstration processes or implementation activities to meet milestones identified as medium or high risk of not being achieved. The state may also propose additional or different recommendations for meeting medium- or high-risk milestones. If a state does not show progress toward a milestone at the time of the Mid-Point Assessment, the assessment should describe strategies for future improvement. If needed, the state will work with CMS to develop a plan for mid-course corrections.

Table 5. Summary of Mid-Point Assessment of overall risk of not achieving demonstration milestones

Milestone	Percentage of fully completed action items (# completed /total)[a]	Percentage of monitoring metrics trending in the desired direction (# metrics/total)[b]	Key themes from stakeholder feedback	Risk level[c]	For milestones at medium or high risk, independent assessor's recommended modifications	State's responses and planned modifications
Example milestone	*50% (1/2)*	*75% (3/4)*	*Several providers noted concerns that lack of clear guidance around authorization processes may affect patient care*	*Medium*	*State should develop and disseminate detailed guidance to providers on authorization procedures*	

[a] The calculation of the percentage of fully completed action items may include only the action items that the state expected to be completed by the mid-point.

[b] The calculation of monitoring metrics trending in the desired direction should include all the monitoring metrics, but the state may choose to include state-specific metrics.

[c] Risk level categories: see Table 2.

D. Next steps

Drawing from the independent assessor's findings and state responses, this section should include a narrative description of areas in which the state is at risk of not meeting required milestones and/or where monitoring metrics are not trending in the desired direction, and a list of the activities the state proposes for addressing deficiencies in or improving demonstration performance. The assessment should also include a timeline for implementing the proposed activities.

E. Attachments

The Mid-Point Assessment should also include attachments with additional supporting information.

1. Independent assessor description

This attachment should describe how the state worked with their independent assessor to develop and conduct and write the assessment, including how the state ensured that the independent assessor conducted a fair and impartial assessment, prepared an objective assessment, and had no conflict of interest. The assessment should include "No Conflict of Interest" signed confirmation statements from the independent assessor.

2. Data collection tools

If applicable, the assessment should include attachment(s) with instruments used to conduct data collection for the Mid-Point Assessment.

Appendix A. Substance Use Disorder (SUD) Monitoring Metrics Information for Mid-Point Assessments

Table A.1 of this appendix maps the 19 SUD monitoring metrics to five of the six demonstration milestones (**Table A.1**). The state's assessment should consider its progress on each metric based on whether the metric trended in the desired direction between the baseline and mid-point.

Table A.1. SUD monitoring metrics for assessing milestone progress at the mid-point

Metric #	SUD monitoring metric name	Desired Directionality[a]
Milestone 1. Access to critical levels of care for OUD and other SUDs[a]		
6	Any SUD Treatment	
7	Early Intervention	
8	Outpatient Services	
9	Intensive Outpatient and Partial Hospitalization Services	State-specific
10	Residential and Inpatient Services	
11	Withdrawal Management	
12	Medication-Assisted Treatment	
In addition, the state may consider the following metrics when assessing Milestone 1:		
3	Medicaid Beneficiaries with SUD Diagnosis (monthly)	State-specific
4	Medicaid Beneficiaries with SUD Diagnosis (annually)	State-specific
Milestone 2. Use of evidence-based, SUD-specific patient placement criteria[b]		
5	Medicaid Beneficiaries Treated in an IMD for SUD	State-specific
36	Average Length of Stay in IMDs	No more than 30 days
Milestone 3. Use of nationally recognized SUD-specific program standards to set provider qualifications for residential treatment facilities[c]		
n/a		
Milestone 4. Sufficient provider capacity at each level of care[d]		
13	Provider Availability	Increase
Milestone 5. Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD		
23	Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries	Decrease
24	Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries	Decrease
27	Overdose death rate	Decrease

Metric #	SUD monitoring metric name	Desired Directionality[a]
Milestone 6. Improved care coordination and transitions between levels of care		
15	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (NQF #0004)	Increase
17(1)	Follow-up after Emergency Department Visit for Substance Use (NQF #2605)	Increase
25	Readmissions Among Beneficiaries with SUD	Decrease
37	Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence (NQF #3488)	Increase

[a] The milestone groupings for the metrics defined in this table align with those included in Version 6.0 of the section 1115 SUD technical specifications manual. In some cases, metrics were realigned with the milestones for Version 6.0 compared to previous versions of the technical specifications.

[b] In addition to assessing progress on SUD_5 and 36, the state may also consider all metrics under Milestone 1 to provide context on how the state is improving patient placement in the appropriate care level.

[c] There are no monitoring metrics identified for Milestone 3 (Use of nationally recognized, evidence-based SUD program standards to set residential treatment provider qualifications). The state should assess progress on this milestone based on other data described in Section C.1.

[d] Milestone 4 only has one metric, so the state should consider submitting additional evidence if the metric did not show progress.

IMD = institution for mental diseases; SUD = substance use disorder

Appendix B. Serious Mental Illness (SMI) Monitoring Metrics Information and Additional Data Sources for Mid-Point Assessments

Section A of this appendix maps the 17 SMI monitoring metrics to the four demonstration milestones (**Table B.1**). The state's assessment should consider its progress on each metric based on whether the metric trended in the desired direction between the baseline and mid-point. Section B of this appendix describes the SMI Availability Assessment data that a state may use to supplement its Mid-Point Assessment.

A. SMI Monitoring Metrics

Table B.1. SMI monitoring metrics for assessing milestone progress at the mid-point

Metric #	SMI monitoring metric name	Desired directionality
Milestone 1. Ensuring quality of care in psychiatric hospitals and residential settings[a]		
2	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	State-specific
Milestone 2. Improving care coordination and transitions to community-based care		
4	30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF)	Decrease
6	Medication Continuation Following Inpatient Psychiatric Discharge	Increase
7	Follow-up After Hospitalization for Mental Illness: Ages 6–17 (FUH-CH)	Increase
8	Follow-up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD)	Increase
10	Follow-up After Emergency Department Visit for Mental Illness (FUM-AD)	Increase
Milestone 3. Increasing access to continuum of care including crisis stabilization services		
13	Mental Health Services Utilization – Inpatient	
14	Mental Health Services Utilization – Intensive Outpatient and Partial Hospitalization	
15	Mental Health Services Utilization – Outpatient	State-specific
16	Mental Health Services Utilization – ED	
18	Mental Health Services Utilization – Any Services	
19b	Average Length of Stay In IMDs (IMDs receiving FFP only)	No more than 30 days
19c	Average Length of Stay in IMDs (IMDs receiving FFP only) that are QRTPs	No more than 30 days
20	Beneficiaries With SMI/SED Treated in an IMD (IMDs Receiving FFP Only) For Mental Health	State-specific
Milestone 4. Earlier identification and engagement in treatment including through increased integration		
21	Count of Beneficiaries with SMI/SED (monthly)	State-specific
29	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)	Increase

Metric #	SMI monitoring metric name	Desired directionality
30	Follow-Up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication	Increase

[a] Milestone 1 only has one metric, so the state should consider submitting additional evidence if the metric did not show progress.

ED = emergency department; FFP = federal financial participation; IMD = institution for mental diseases; SED = serious emotional disturbance; SMI = serious mental illness

B. Initial and Annual Availability Assessment Data

The state can use findings from its Initial and Annual Availability Assessments to describe its provider capacity. Specifically, the state may use data from these assessments, such as the counts of various mental health service providers or the ratios of services to Medicaid beneficiaries with SMI. The state could compare the baseline values reported in its Initial Availability Assessment against the updated values in the most recent Annual Availability Assessment to assess whether the state's capacity is changing over time as expected.

If the state uses availability assessment data in its Mid-Point Assessment, it could describe and provide an explanation of any trends (e.g., relatively large changes in the rates, high or low rates, notable changes in the number of providers), identify the demonstration milestone to which each of the reported availability assessment ratios applies, and explain how the availability assessment findings provide context for the state's progress toward the demonstration milestones. The state may also use Annual Availability Assessment data to provide additional context to the state's progress on any of the milestones and identify any needs for additional capacity.

Appendix C. Considerations for Reentry Mid-Point Assessments

Table C.1 of this appendix identifies potential metrics for four of the five demonstration milestones (**Table C.1**).

Table C.1. Suggested Reentry metrics for assessing milestone progress at the mid-point

Reentry metric name
Milestone 1. Increasing coverage and ensuring continuity of coverage for individuals who are incarcerated
Participant Counts[a]
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
Individuals Screened for Pre-Release Services Qualification
Utilization of Pre-Release Case Management Services
Utilization of MAT Pre-Release
30-Day Supply of Medication Provided Upon Release
Average Length of Coverage for Pre-Release Services
Milestone 3. Promoting Continuity of Care
Receipt of Care Plan at Time of Release
MAT Treatment Post-Release
Milestone 4. Connecting to Services Available Post-Release to Meet the Needs of the Reentering Population
Receipt of Case Management Services Post-Release
Milestone 5. Ensuring Cross-System Collaboration
n/a

[a] The Participant Counts consist of five counts, specifically the count of participants: enrolled in Medicaid prior to incarceration, enrolled in Medicaid during the period of incarceration, incarcerated for a least one day during the measurement period (sum of the first two counts), transitioning to the community, and eligible for pre-release services and/or transitioning to the community (deduplicated count of all participants in the first four counts).

MAT = medication-assisted treatment