

Monitoring and Evaluation of Section 1115 Serious Mental Illness (SMI) Demonstrations



Monitoring

Ongoing, systematic collection of data to track demonstration progress, risks, and performance to allow states to make timely adjustments.



States should use monitoring data to track progress toward milestones and adjust implementation strategies in a timely manner, informed by identifying emerging challenges, engaging with CMS, and determining lessons learned. For example, identifying gaps in care coordination based on utilization trends could inform updates to MCO contracts.

What states measure

- IMD use and average length of stay
- Utilization of various SMI outpatient services
- Medicaid beneficiaries with SMI/SED
- Metabolic monitoring of children and adolescents on antipsychotics
- Psychiatrist and other mental health prescribers availability
- Non-prescriber mental health practitioners availability
- Information on activities that impact SMI services availability
- Information on case management and care coordination, and MOE funding of outpatient community-based mental health services



Evaluation

Periodic assessment of demonstration's value and effectiveness in achieving its goals.



States should use evaluation evidence to assess longer-term demonstration impact and progress toward goals, inform potential actions such as renewal requests or programmatic improvements, and influence broader program strategy in collaboration with CMS.

What states measure

- Average time in ED from admission to transfer to psychiatric inpatient
- Screening and treatment for co-morbid conditions for beneficiaries in psychiatric inpatient and residential facilities
- Utilization of telehealth
- Service, facility, and provider availability for mental health treatment settings (such as crisis services)
- Outpatient services costs compared to inpatient services costs
- Screening and follow-up plans for clinical depression
- Follow-up after psychiatric inpatient or residential treatment facility for mental illness
- Transition records and screening, and assistance for housing needs after inpatient discharge
- Prior to admission documentation reconciliation
- Screening and follow-up for unhealthy alcohol use and SUD
- Access to preventive/ambulatory health services
- Data sharing and continuity of care after care in psychiatric inpatient and residential facilities
- Information on systems and policies to enhance bed tracking
- Information on activities and obstacles that impact use and length of stay in EDs
- Information on activities and obstacles that impact preventable readmissions

Monitoring & Evaluation



States should integrate monitoring and evaluation findings to understand trends, mitigate risks to demonstration objectives, strengthen program integrity, and inform course corrections in collaboration with CMS. States should use monitoring and evaluation data to map out the behavioral health services system, including outpatient services, to explore opportunities for improvements.

What states measure

- ED utilization for mental health and follow-up after ED visit
- Readmissions
- Utilization and availability of outpatient and community-based care
- Follow-up care after prescription and use of first-line psychosocial care for children and adolescents on antipsychotics
 - Follow-up after hospitalization
 - Medication continuation after inpatient discharge
 - Information on activities that support early Intervention

Note: Information on the SMI demonstration goals can be found in SMDL #18-011 (<https://www.medicaid.gov/federal-policy-guidance/downloads/smd18011.pdf>)
 CMS = Centers for Medicare & Medicaid Services; ED = emergency department; IMD = institution for mental diseases; MCO = managed care organizations;
 MOE = maintenance of effort; SED = serious emotional disturbance; SMI = serious mental illness; SUD = substance use disorder