

Attachment 5.g. IMD Provider Interview Protocol with Instructions

INSTITUTIONS FOR MENTAL DISEASES (IMD) ADMINISTRATOR/LEADER INTERVIEW PROTOCOL

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #59). The time required to complete this information collection is estimated to average 90 minutes to participate in this interview. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Your decision to participate in this aspect of the study is voluntary. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. If you do not wish to participate in this interview or answer specific questions, please let us know. We believe there are minimal risks to you from participation, and every effort will be made to protect your confidentiality. In reports to CMS, we will refer to you anonymously as a “providers.”

Your insights on the section 1115 serious mental illness and serious emotional disturbance (SMI/SED) demonstrations are important and will be used by federal and state policymakers as well as other Medicaid programs in improving Medicaid mental health services and developing resources and supports for behavioral health providers.

Note to OMB reviewers: *This protocol includes all potential interview questions, but key informants will receive a tailored subset of relevant questions to ensure interviews remain within 60 minutes.*

Finally, we would like to record our conversation, to ensure our notes from today are complete. Do I have your permission to audio record our conversation today? Do you have any questions before we begin?

INTRODUCTIONS

Good [Morning/Afternoon], my name is [LEAD INTERVIEWER] from RTI International. I will be leading the interview today, also on the call are [SUPPORTING ANALYSTS] who will be taking notes.

Would you like to introduce yourselves and your role in the organization?

As a reminder, this interview will last 60 minutes. The interview will focus on how your organization delivers care to Medicaid patients and any changes your organization may have recently made in care delivery, possibly in response to the section 1115 SMI/SED demonstration. We will talk about Medicaid reimbursement for IMD stays, patient assessments, and care coordination and transitions of care. For each topic, we will ask what your organization was doing prior to the demonstration, what changes you may have since made, the challenges you encountered, and any observed impact on patients.

1. Could you please tell us a little about your organization (e.g., services and levels of care offered, patients served, number of providers, have you always accepted Medicaid, etc.)?
2. Are you familiar with the SMI/SED Demonstration?
 - i. [IF NOT]: The demonstration waived the Medicaid IMD exclusion rule which means that the federal Medicaid program will now reimburse the state Medicaid program for a portion of the care provided to a Medicaid enrolled adult staying in your facility.

COVERAGE & REIMBURSEMENT

We want to first discuss how the federal government now reimbursing state Medicaid programs for IMD stays for Medicaid enrolled adults has affected your organization and your patients with Medicaid coverage. As part of the demonstration, [STATE] began receiving this federal reimbursement on [INSERT EFFECTIVE DATE STATE STARTED DRAWING FEDERAL FINANCIAL PARTICIPATION].

Provider Effects

3. Did your facility receive payment from the state for IMD stays for Medicaid adults prior to [INSERT DEMONSTRATION START DATE]?
4. How, if at all, was your facility effected by the state receiving federal funding for Medicaid adults staying in an IMD? (*PROBES: more patients served, changes to staffing, adding beds, billing changes*)
5. We are familiar with the Medicaid requirement that the length of stay at an IMD should be about 60 days for federal payment. In [IMD NAME], what happens if a Medicaid beneficiary needs to stay longer than 60 days at your facility?
6. What has been your organization's experience in billing Medicaid for Medicaid patients' stays at your facility? What was your experience billing Medicaid for these services before the demonstration?

- i. (Note to interviewer: question may not be relevant based on their answer to 3 and 4) PROBE: How, if at all, has Medicaid reimbursement for these services changed?
- ii. (Note to interviewer: question may not be relevant based on their answer to 3 and 4) SUBQUESTION: What, if any challenges, do you have with billing Medicaid? (e.g., billing for services like room and board not covered by Medicaid, experience with Medicaid certification/enrollment, staff response)?
- iii. (Note to interviewer: question may not be relevant based on their answer to 3 and 4) SUBQUESTION: How did you address those challenges?
- iv. (Note to interviewer: question may not be relevant based on their answer to 3 and 4) SUBQUESTION: What facilitated your ability to bill Medicaid? (e.g., partners, resources, funding, *technical assistance, trainings, provider manual updates*)

Patient Effects

- 7. Turning to your patients, how has the state receiving federal funding for Medicaid adults staying in an IMD affected your patients with Medicaid?
 - i. SUBQUESTIONS: Are you seeing...
 - 1. More Medicaid patients?
 - 2. Longer stays for Medicaid patients in the facility?
 - 3. More or less readmissions to your facility by Medicaid patients?

PATIENT ASSESSMENTS

Provider Effects

- 8. What is the patient assessment tool you use to determine appropriate levels of care and lengths of stay? Has this tool changed since [INSERT DEMONSTRATION START DATE]?
 - a) SUBQUESTION (if not answered as part of stem) If changes were made, what was your organization doing before these changes were made?
 - b) SUBQUESTION: Has either [state Medicaid agency] or any Medicaid managed care organization asked you to make changes to your patient assessment tool?
 - c) SUBQUESTION: What challenges did you encounter when implementing these changes?
 - d) (Note to interviewer: may not be relevant based on answer to 8c) SUBQUESTION: How did you address those challenges?
 - e) (Note to interviewer: may not be relevant based on answer to 8c) SUBQUESTION: What facilitated your ability to implement these changes?

f) (Note to interviewer: may not be relevant based on answer to 8c)

SUBQUESTION: How did these changes affect providers in your organization?

9. Do you currently screen patients for co-occurring substance use disorders (SUD) or physical health conditions? Have you made any changes to these screening processes since [INSERT DEMONSTRATION START DATE]? If yes, what changes has your organization made?
- i. SUBQUESTION: What challenges did you encounter when implementing these changes?
 - ii. SUBQUESTION: How did you address those challenges?
 - iii. SUBQUESTION: How did these changes affect providers in your organization?
10. Does [IMD NAME] tailor any of the processes we just talked about (*e.g., regarding patient assessment tools or screening for other conditions*) to certain special populations? For example, children or adolescents? Or any other group? If so, what are some of the things you do?

Patient Effects

11. Turning to your patients, how have the changes in the assessment processes (*e.g., patient assessment tools, screening for co-occurring conditions*) affected your patients with Medicaid (*e.g., patient reaction to changes*)?

CARE COORDINATION AND TRANSITIONS IN CARE

Next, we want to move to a discussion about care coordination and transitions in care. CMS defines care coordination and transitions in care in section 1115 SMI/SED demonstration states as ensuring residential and inpatient facilities link beneficiaries with community-based services and supports following stays in these facilities. We will use this definition for our next set of questions.

Provider Effects

12. What is your organization's protocol when it comes to pre-discharge planning? What does that look like (*e.g., how do you coordinate with community-based mental health providers like community mental health centers*)?
- a) How long has that been the policy?
 - b) Has this changed at all since [INSERT DEMONSTRATION START DATE]? If so, how?

13. What is your organization's protocol when it comes to follow-up with a patient post-discharge?
- a) How long has that been the policy?
 - b) Has this changed at all since [INSERT DEMONSTRATION START DATE]? If so, how?
14. Do you assess housing situations with patients at discharge? If so, what is your organization's process when it comes to assessing housing needs of patients?
- a) If so, how long have you done this?
 - b) Has this process changed at all since [INSERT DEMONSTRATION START DATE]? If so, how?
15. Do you assess for any other social services needs (*e.g., employment or education needs*) at discharge? If so, what is your organization's process when it comes to assessing other social service needs?
- a) If so, how long have you done this?
 - b) Has this process changed at all since [INSERT DEMONSTRATION START DATE]? If so, how?
16. Does [IMD NAME] tailor any of the processes we just talked about (*e.g., regarding discharge planning, discharge follow-up, or assessing for certain needs*) to certain special populations? For example, children or adolescents? Or any other group? If so, what are some of the things you do?
17. Does [IMD's NAME] provide crisis beds or crisis care? If so, what kinds of crisis care do you provide?
- a) Have there been any changes in providing crisis care since the start of the demonstration in [INSERT DEMONSTRATION START DATE]? If so, what has changed?
 - b) (*Note to interviewer: may not be relevant given answer to 16a*) SUBQUESTION: What challenges did you encounter when implementing these changes?
 - c) (*Note to interviewer: may not be relevant given answer to 16a*) SUBQUESTION: How did you address those challenges?
 - d) (*Note to interviewer: may not be relevant given answer to 16a*) SUBQUESTION: What facilitated your ability to implement these changes?
 - e) How do you report if you have open crisis beds to other providers or the state? Has this process changed since the start of the demonstration in [INSERT DEMONSTRATION START DATE]? If so, what has changed?

18. Does [IMD's NAME] engage in any health information technology initiatives or other health information exchanges to share patients' clinical information with other providers? If so, what types of initiatives do you participate in? What types of information gets shared?

Patient Effects

19. Turning to your patients, how have the changes we discussed in care coordination and transitions of care affected your patients with Medicaid?

UNINTENDED EFFECTS

20. Have there been any unintended effects from the state's Medicaid section 1115 SMI/SED demonstration that you have observed?
a. [IF YES] What have you observed?

WRAP UP

21. Lastly, is there anything else you would like to discuss about how your organization delivers care to Medicaid patients with serious mental illnesses or serious emotional disturbance?

Thank you very much for participating in this interview. Your insight is incredibly valuable to understanding IMD's involvement in the section 1115 SMI/SED demonstrations. Before we wrap up this interview, was there anything we didn't cover or discuss that you feel is important for us as evaluators to know?