

Attachment 5.h. CMCH Provider Interview Protocol with Instructions

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 “provider.”

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 discuss changes your organization made in response to the section 1115 SMI/SED demonstration.

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.)? In

[STATE], do the CMHCs primarily serve Medicaid patients with SMI or SED, or do solo providers or small practices also provide that care?

2. Are you familiar with the SMI/SED Demonstration?

[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 an IMD. The state also is tasked with carrying out activities that support patients access to and engagement in the continuum of high-quality mental health services.

DEMONSTRATION RELATED COVERAGE CHANGES

Provider Effects

3. Now that [STATE] has implemented this Medicaid demonstration which [covers/plans to cover] residential stays, how has that affected your organization (e.g., changes in volume of clients, more need to have collaboration with IMDs for discharge planning)? Did you need to make organizational changes to accommodate those effects? If so, what were those changes?
- a) SUBQUESTION: What challenges did you encounter when implementing these changes?
 - b) SUBQUESTION: How did you address those challenges?
4. Have you made any other recent changes to how you deliver care in order to meet any goals the state has outlined for improving access to and treatment of mental health services?

CARE COORDINATION AND TRANSITIONS IN CARE

Next, we want to move to a discussion about how 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

5. What does your organization do for Medicaid patients with SMI/SED in terms of:
- a) Coordinating care with IMDs, psychiatric hospitals or regular hospitals with psychiatric beds? (NOTE TO INTERVIEWER: CMHC may not necessarily know what we mean by an IMD – but they will know the psych hospitals they talk to and get referrals from)

- i. Have you made any changes to how you coordinate care with IMDs recently?
 - ii. If so, were the changes made due to the demonstration?
 - b) Supporting Medicaid patients to return for treatment?
 - i. Have you made any changes to how you retain patients recently?
 - ii. If so, were the changes made due to the demonstration?
 - c) Referring patients to treatment for a co-occurring substance use disorder?
 - i. Have you made any changes to how you refer patients to substance use disorder treatment recently?
 - ii. If so, were the changes made due to the demonstration?
 - d) Screening for physical health conditions and referring for treatment for co-occurring physical health conditions
 - i. Have you made any changes to how you screen patients for physical health conditions recently? What about changes for referring patient to physical health treatment?
 - ii. If so, were the changes made due to the demonstration?
 - e) Assessing social needs like housing, employment, or education and referring to needed services
 - i. Have you made any changes to assessing social needs? Referring patients to social services?
 - ii. If so, were the changes made due to the demonstration?
- 6. Can your organization bill Medicaid or Medicaid managed care organizations for care coordination?
 - a) If so, is it easy to do?
 - b) If not, how does your organization fund these types of coordinating services?
- 7. Does [CMHC NAME] tailor any of the processes we just talked about (e.g., regarding retention in treatment, referring patients to substance use disorder care) to certain special populations? For example, children or adolescents or people living in more rural areas? If so, what are some of the things you do?

Patient Effects

- 8. *[If the CMHC discusses changes]* Turning to your patients, how have the changes in care coordination and transitions of care affected your patients with Medicaid?

- a) SUBQUESTIONS: What effects do you expect to see, or have you already seen, on members, in terms of...
- i. Access to care across the care continuum?
 - ii. Engagement in care?
 - iii. Retention in care?

OTHER INITIATIVES

9. Does [CMHC NAME] provide crisis services (*e.g., mobile crisis response, crisis receiving center beds, etc.*)? If so, what kinds of crisis care do you provide?
- a) Have there been any changes in providing crisis care since [INSERT DEMONSTRATION START DATE]? If so, what has changed?
 - b) Were these changes because of the demonstration? (Note to interviewer: states have been ramping up crisis care and many contract with CMHCs to do it, but any changes may not be directly tied to the demonstration)
 - c) Were these changes due to the roll out of the national 988 hotline?
 - d) (Note to interviewer: may not be relevant given answer to 9a) SUBQUESTION: What challenges did you encounter when implementing these changes?
 - e) (Note to interviewer: may not be relevant given answer to 9a) SUBQUESTION: How did you address those challenges?
 - f) (Note to interviewer: may not be relevant given answer to 9a) SUBQUESTION: What facilitated your ability to implement these changes?
10. Does [CMHC NAME] tailor any of the crisis care delivery services we just talked about to certain special populations? For example, children or adolescents or people living in more rural areas? If so, what are some of the things you do?
11. Does [CMHC NAME] engage in any health information technology initiatives or other health information exchanges to share patients' clinical information with other providers? What types of information gets shared?

UNINTENDED EFFECTS

12. 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?
13. Are there any other challenges you've experienced in providing care to the Medicaid SMI/SED populations that we have not already discussed?

WRAP UP

Thank you very much for participating in this interview. Your insight is incredibly valuable to understanding how states are implementing the section 1115 SMI/SED demonstrations, the challenges they are experiencing, and the impact they are having on states ability to meet the needs of those with SMI/SED. 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?