

Generic Supporting Statement
Medicaid Section 1115 Severe Mental Illness (SMI) and Children with
Serious Emotional Disturbance (SED) Demonstrations
CMS-10398 #59, OMB 0938-1148

Notes: This 2025 iteration is being submitted to OMB for approval as a revised generic collection of information request.

The contents of this Supporting Statement and the associated attachments have been reviewed to ensure that they are consistent with the Trump administration's policies, goals, and objectives.

A. BACKGROUND

The Centers for Medicare & Medicaid Services (CMS) work in partnership with States to implement Medicaid and the Children's Health Insurance Program (CHIP). Together these programs provide health coverage to millions of Americans. Medicaid and CHIP are based in Federal statute, associated regulations and policy guidance, and the approved State plan documents that serve as a contract between CMS and States about how Medicaid and CHIP will be operated in that State. CMS works collaboratively with States in the ongoing management of programs and policies, and CMS continues to develop implementing guidance and templates for States to use to elect new options available as a result of the Affordable Care Act¹ or to comply with new statutory provisions. CMS also continues to work with States through other methods to further the goals of health reform, including program waivers and demonstrations, and other technical assistance initiatives.

In November 2018, CMS announced the opportunity for section 1115(a) demonstration projects, mandated under section 1203 of the 21st Century Cures Act, aimed at improving care for adult Medicaid beneficiaries with serious mental illness (SMI) and children with a serious emotional disturbance (SED).² Participating states are eligible to receive FFP for institutions of mental disease (IMD) stays subject to requirements that include ensuring quality of care in IMDs, improving connections to community-based care following stays in acute care settings, ensuring a continuum of care is available to address more chronic mental health care needs of beneficiaries with SMI/SED, providing a full array of crisis stabilization services, and engaging beneficiaries with SMI or SED treatment as soon as possible.

CMS awarded the Federal Meta-Analysis Support contract to RTI International in September 2018. Subsequently, CMS awarded a follow-up Section 1115 Federal Meta Analysis contract to RTI International in September 2023. The goals of the Meta-Analysis Support contracts are to understand the overall effectiveness of the groups of demonstrations with similar features and how variations in state demonstration features and the context in which they are implemented

¹ Public Law 111–148, 124 Stat. 119 (2010).

² Centers for Medicare & Medicaid Services. (2018, November). SMD # 18-011.

<https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/smd18011.pdf>

contribute to differences in effectiveness. Under the 2023 contract, RTI will continue to work with CMS to conduct a meta-analysis of Medicaid section 1115 SMI/SED demonstrations.

The meta-analyses of the SMI/SED demonstrations will compare demonstration experiences across states and will document and explore variation in state baseline conditions and demonstration design, approach, and implementation to explain differences in outcomes observed across demonstrations. The meta-analyses of the demonstrations will provide CMS and states with a deeper understanding of what levers promote successful outcomes—both implementation and impacts—as well as whether, under what conditions, and how these initiatives would best be replicated in other states.

Meta-analysis incorporates synthesis of qualitative and quantitative data. To support the meta-analyses, RTI is compiling a cross-state database for each group of demonstrations that includes states' applications, implementation and evaluation plans, monitoring reports, and evaluation plans. We will conduct qualitative analysis of primary and secondary data from demonstration states to document demonstration implementation and contextual features that will be used in quantitative analyses (see Supporting Statement Part B).

Qualitative data will also be used for targeted case studies that take a deep dive into demonstration design and implementation topics that will be identified in consultation with CMS. The currently approved collection of information request was for a first round of interviews in SMI/SED demonstration states (referred to as Initial Implementation Interviews); this data collection is ongoing as new states' SMI/SED demonstration applications are approved.

A second approved revision in 2023 increased the number of "Initial Implementation Interviews" to 20 states and added data collection with behavioral health providers (hereafter, "providers") via "Provider Interviews;" providers include IMD and community mental health center (CMHC) organizational leadership. This data collection with providers has occurred and additional interviews will be conducted with the newly approved states.

As of April 2025, 15 states and the District of Columbia (N=16) have an approved SMI/SED demonstration, and 3 states have a pending application. Since it is possible that all 50 states and the District of Columbia could submit SMI/SED demonstration applications, this 2025 revision proposes to increase the number of possible initial implementation interviews with state officials from 20 states to 50 states and the District of Columbia (N=51); increase the number of provider interviews from 80 (in 20 states) to 100 (in 25 states) or up to 4 interviewees per state; and add follow-up implementation interviews for up to 50 states and the District of Columbia. No follow-up interviews are planned with providers because that data collection was intended to learn providers' experiences and organizational changes after the demonstration was implemented.

The use of statistical methods does not apply for purposes of this collection. We will not be using a statistical methodology for stratification and sample selection. Instead, we will collect data from the universe of SMI/SED demonstration states.

B. DESCRIPTION OF INFORMATION COLLECTION

Primary data collection will include virtual interviews with 1) the state Medicaid Agency and/or the single state agency for behavioral health and 2) providers in the states that have approved section 1115 SMI/SED demonstrations. We will conduct three rounds of interviews.

A first round of interviews (**Initial Implementation Interviews**) will be conducted with state Medicaid directors and directors of the single state agency for mental health, or their designees (Section D.2.1.). An interview protocol has been created for each type of interview. These interviews will expand our understanding of SMI/SED implementation experience. SMI/SED implementation interviews will start approximately 2 weeks after receiving OMB and CMS approval (subject to states' availability).

In a subset of additional states, interviews will be conducted with providers, and each interview will last approximately 60 minutes (Section D.2.2.). The **Provider Interviews** will expand our understanding of SMI/SED demonstration implementation experience. Interviews will start approximately 2 weeks after receiving OMB and CMS approval (subject to providers' availability).

The third round of interviews will be **Follow-up Implementation Interviews** with the same stakeholders from the first round of interviews and will be 60-minutes in length. Follow-up interviews will occur approximately 3 years from the initial implementation interviews (Section D.2.3.). These interviews will build on the information collected during the prior interviews and will examine whether states could implement the demonstrations as planned; what implementation challenges and facilitators occurred; what impacts other initiatives in the state had on the demonstration; and what plans states have for sustaining demonstration activities. It is anticipated that these interviews will begin three weeks after receiving OMB and CMS approval.

Information from these interviews will be incorporated in Rapid Cycle Reports (RCRs) on the SMI/SED demonstrations that RTI will prepare for CMS. For example, one RCR will provide information on how states plan to sustain demonstration activities. The Summative Evaluation Report for the SMI/SED demonstrations will incorporate data collected from the three sets of interviews in addition to other data analyses. This report will summarize the demonstrations' accomplishments, challenges, lessons learned, findings and conclusions, and recommendations where applicable.

C. DEVIATIONS FROM GENERIC REQUEST

None.

D. BURDEN HOUR DEDUCTION

D.1 Wage Estimates

To derive average costs, we are using data from the U.S. Bureau of Labor Statistics' (BLS's) May 2024 National Occupational Employment and Wage Estimates for all salary estimates (http://www.bls.gov/oes/2024/may/oes_nat.htm). In this regard, the following table presents BLS's mean hourly wage, our estimated cost of fringe benefits and other indirect costs (calculated at 100 percent of salary), and our adjusted hourly wage.

BLS's wage estimates are updated annually. Current wage figures can be found at http://www.bls.gov/oes/current/oes_nat.htm and can be used to calculate current cost estimates. May 2024 (see above) is current as of the date of this collection of information request.

We are using Social and Community Service Managers, as it most closely fits with state Medicaid Administrator/state designee and Administrator of single state agency for substance abuse/state designee, which are the two groups of interviewees that will be participating in these data collection efforts. We are using Healthcare Practitioners and Technical Occupations, as it most closely fits with providers.

Occupation Title	Occupation Code	Mean Hourly Wage	Fringe Benefits and Other Indirect Costs	Adjusted Hourly Wage
Healthcare Practitioners and Technical Occupations	29-0000	\$50.59/hr	\$50.59/hr	\$101.18/hr
Social and Community Service Managers	11-9151	\$41.39/hr	\$41.39/hr	\$82.78/hr

As indicated, we are adjusting our employee hourly wage estimates by a factor of 100 percent. This is necessarily a rough adjustment, both because fringe benefits and other indirect costs vary significantly from employer to employer, and because methods of estimating these costs vary widely from study to study. Nonetheless, we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

D.2 Collection of Information Requirements and Associated Burden Estimates

D.2.1 Initial Implementation Interviews

RTI plans to interview a maximum of two individuals in up to 50 states and the District of Columbia (N=51 total) that have an approved section 1115 SMI/SED demonstration. The interviews will be conducted with state Medicaid directors, single state agency representatives, or their designees and will be conducted once, during the first year of data collection.

We anticipate it would take 1.5 hours at \$82.78/hr for up to 2 people per state or 3 hours per state (1.5 hr x 2 FTEs). This includes time to review and respond to email correspondence as well as participate in the interview. In aggregate, we estimate a one-time burden of 153 hours (51 respondent states x 3 hr per state) at a cost of \$12,665 (153 hr x \$82.78/hr).

Initial SMI/SED Demonstration Implementation Interview Burden

Type of Respondent	Form Name	Number of Respondents	Total Number of Responses	Average Time per Response (hr)	Total Time (hr)	Average Hourly Wage	Total Cost
State Medicaid director & director single state agency for mental health	Initial Implementation Interview (see Attachment 4.f.)	51 (50 States + DC)	102 (51 x 2 responses/state)	1.5	153	\$82.78/hr	\$12,665

Documents Associated with the Initial Implementation Interviews: All relevant documents for data collection are provided as attachments and listed below along with a short description of each.

- Initial Implementation Interview Introductory Email from CMS to State Medicaid Director and Single State Mental Health Agency Director – CMS will send an email, prepared by RTI, to the Medicaid directors and directors of the single state agency for mental health to introduce RTI and request the state’s participation in this data collection (**Attachment 4.a.**) (No change).
- Initial Implementation Interview Email Invitation – RTI will send an interview invitation via email and schedule a 60-minute interview with respondents (**Attachment 4.b.**) (No change).
- Initial Implementation Interview Confirmation Email – This email will be sent immediately upon scheduling a date and time for the interview, thanking the respondent for agreeing to be interviewed and providing instructions for connecting to the interview using telephone and/or Zoom videoconferencing technology. (**Attachment 4.c.**) (No change).
- Initial Implementation Interview Outlook Invitation – RTI will send an interview invitation after receiving a date and time from the respondent. The invitation includes the agreed upon date and time of the interviews, instructions on how to join the call using a telephone or computer, and the Zoom conference call information (**Attachment 4.d.**) (No change).
- Initial Implementation Interview Reminder Email – A reminder email will be sent to the interviewee prior to the interview call (**Attachment 4.e.**) (No change).
- Initial Implementation Interview Protocol with Instructions – The Interview protocol starts with an introduction that informs the interviewee that participation in the interview is voluntary and confidential and the participant can refuse to respond to questions they do not want to answer. It also requests permission to record the call. Interviewer’s instructions, prompts, and indications of important questions are indicated in this document (**Attachment 4.f.**) (No change).
- Initial Implementation Interview Thank You Email – A thank you email will be sent to the interviewee following the interview call (**Attachment 4.g.**) (No change).

D.2.2 Provider Interviews

RTI expects to interview 1-2 people from an IMD per demonstration state and 1-2 people from a CMHC per demonstration state in a subset of demonstration states. RTI expects to interview up to 50 providers from IMDs (25 states x 2 providers/state), or their designated staff, as well as up to 50 providers from CMHCs (25 states x 2 providers/state), or their designated staff.

The interviews will be 60 minutes in duration. We have allocated 30 additional minutes for reviewing and responding to emails. This is a one-time data collection activity for each selected state, and we anticipate the amount of time associated with this data collection activity to be 1.5 hours per person for up to 4 people per state. In aggregate, we estimate a one-time burden of 150 hours (100 providers x 1.5 hr/response) at a cost of \$15,177 (150 hr x \$101.18/hr).

Additionally, state officials will be asked to nominate providers, and if willing, send a warm hand-off email to the provider to introduce RTI. (RTI will provide the template; see **Attachment 5.c.**). The burden table estimates approximately 1 hour of effort for a state contact person in each of the 25 states. In aggregate, we estimate a one-time state burden of 25 hours (25 states x 1 hr/response) at a cost of \$2,070 (25 hr x \$82.78/hr).

Provider Interview Burden

Type of Respondent	Form Name	Number of Respondents	Total Number of Responses	Average Time per Response (hr)	Total Time (hr)	Average Hourly Wage	Total Cost
Providers	IMD and CMHC Provider Interview (see Attachment 5.f.)	100 providers	100	1.5	150	\$101.18/hr	\$15,177
State Officials	Attachment 5.c.	25 state officials	25	1	25	\$82.78/hr	\$2,070
TOTAL		125	125	varies	175	varies	\$17,247

Documents Associated with the Provider Interviews: All relevant documents for data collection are provided as attachments and listed below along with a short description of each.

- Provider Interview Introductory Email from CMS to State Medicaid Director – CMS will send an email, prepared by RTI, to the Medicaid directors in 20 states with a SMI/SED demonstration to introduce RTI and request the state’s help providing a warm hand-off to providers (**Attachment 5.a.**) (No change).
- Provider Interview Introductory Email from RTI to State Medicaid Director – RTI will send a follow up email to Medicaid directors in 20 states with a SMI/SED demonstration to request the state’s help identifying one IMD and one CMHC and provide a warm hand-off to the providers identified. The email will also outline selection criteria for providers (**Attachment 5.b.**) (No change).
- Provider Interview Introductory Email from State Medicaid Director – The State Medicaid Director will send an email, prepared by RTI, to the providers in 20 states with a SMI/SED demonstration to introduce RTI and request the provider’s participation in this data collection. (**Attachment 5.c.**) (No change).
- Provider Interview Email Invitation – RTI will send an interview invitation via email and schedule a 60-minute interview with respondents (**Attachment 5.d.**) (No change).

- Provider Interview Outlook Invitation - RTI will send an interview invitation after receiving a date and time from the respondent. The invitation includes the agreed upon date and time of the interviews, instructions on how to join the call using a telephone or computer, and the Zoom conference call information (**Attachment 5.e.**) (No change).
- Provider Interview Confirmation Email – This email will be sent immediately upon scheduling a date and time for the interview, thanking the respondent for agreeing to be interviewed and providing instructions for connecting to the interview using telephone and/or Zoom videoconferencing technology. (**Attachment 5.f.**) (No change).
- IMD Interview Protocol with Instructions – The interview protocol starts with an introduction that informs the interviewee that participation in the interview is voluntary and confidential and the participant can refuse to respond to questions they do not want to answer. It also requests permission to record the call. Interviewer’s instructions, prompts, and indications of important questions are indicated in this document (**Attachment 5.g.**) (No change).
- CMHC Interview Protocol with Instructions – The interview protocol starts with an introduction that informs the interviewee that participation in the interview is voluntary and confidential and the participant can refuse to respond to questions they do not want to answer. It also requests permission to record the call. Interviewer’s instructions, prompts, and indications of important questions are indicated in this document (**Attachment 5.h.**) (No change).
- Provider Interview Thank You Email – A thank you email will be sent to the interviewee following the interview call (**Attachment 5.i.**) (No change).

D.2.3 Follow-up Implementation Interviews

RTI will conduct a follow-up interview with a maximum of two individuals in up to 50 states and the District of Columbia. The interviews will be conducted with state Medicaid directors, single state agency representatives, or their designee and will be 1 hour in duration. We have also allocated 0.5 hours for reviewing and responding to the email invitation.

This is a one-time data collection. We anticipate it would take 1.5 hours at \$82.78/hr for up to 2 people per state or 3 hours per state. In aggregate, we estimate a one-time burden of 153 hours (51 states x 2 responses/state x 1.5 hr/response) at a cost of \$12,665 (153 hr x \$82.78/hr).

Follow-Up Implementation Interview Burden

Type of Respondent	Form Name	Number of Respondents	Total Number of Responses	Average Time per Response (hr)	Total Time (hr)	Hourly Wage	Total Cost
State Medicaid director & director single state agency for substance abuse	Follow-Up Demonstration Implementation Interview (see Attachment 6.f.)	51 (50 States + DC)	102 (51 x 2)	1.5	153	\$82.78/hr	\$12,665

Documents Associated with the Follow-up Implementation Interviews: All relevant documents for data collection are provided as attachments and listed below along with a short description of each.

- Follow-up Implementation Interview Introductory Email from CMS to State Medicaid Director and Single State Mental Health Agency Director – CMS will send an email, prepared by RTI, to the Medicaid directors in all states with a SMI/SED demonstration to introduce RTI and request the state’s participation in this data collection (**Attachment 6.a.**) (New).
- Follow-up Implementation Interview Email Invitation – RTI will send an interview invitation via email and schedule a 60-minute interview with respondents. This email will also include instructions for reviewing and updating the demonstration implementation grid (**Attachment 6.b.**) (New).
- Follow-up Implementation Interview Confirmation Email – This email will be sent immediately upon scheduling a date and time for the interview, thanking the respondent for agreeing to be interviewed and providing instructions for connecting to the interview using telephone and/or Zoom videoconferencing technology. (**Attachment 6.c.**) (New).
- Follow-up Implementation Interview Outlook Invitation – RTI will send an interview invitation after receiving a date and time from the respondent. The invitation includes the agreed upon date and time of the interviews, instructions on how to join the call using a telephone or computer, and the Zoom conference call information (**Attachment 6.d.**) (New).
- Follow-up Implementation Interview Reminder Email – A reminder email will be sent to the interviewee prior to the interview call (**Attachment 6.e.**) (New).
- Follow-up Implementation Interview Protocol with Instructions – The interview protocol starts with an introduction that informs the interviewee that participation in the interview is voluntary and confidential and the participant can refuse to respond to questions they do not want to answer. It also requests permission to record the call. The follow-up interview protocol builds upon data from the previous interviews and includes states’ implementation progress and processes; implementation challenges, facilitators, and mitigation strategies; and potential impacts of other initiatives in the state on the

demonstration. Interviewer’s instructions, probes, and indications of important questions are indicated in this document (**Attachment 6.f.**) (New).

- Follow-up Implementation Interview Thank You Email – This email thanks the interview participant for their time. If the interview participant offered to share other resources during the interview, this email will ask the participant to send the resources at their earliest convenience (**Attachment 6.g.**) (New).

D.3 Burden Summary

Interview Type	Respondents	Total Responses	Time per Response (hr)	Total Annual Time (hr)	Labor Rate (\$/hr)	Total Capital/Maintenance Costs (\$)	Total Cost (\$)
Initial Implementation Interviews	51 (50 States + DC)	102 (2 state officials x 51 respondents)	1.5	153	82.78	0	12,665
Provider Interviews	100 providers	100	1.5	150	101.18	0	17,247
Provider Interviews	25 States	25	1.0	25	82.78		2,070
Follow-up Implementation Interviews	51 (50 States + DC)	102 (2 state officials x 51 respondents)	1.5	153	82.78	0	12,665
TOTAL	151	329	varies	481	varies	0	42,577

E. TIMELINE

The 14-day notice published in the Federal Register on August 26, 2025 (90 FR 41566). Comments must be received on/by September 9.

The Federal Meta-Analysis Support contract for Section 1115 Demonstrations was awarded by CMS to RTI on September 24, 2018, and re-awarded under the Section 1115 Federal Meta Analysis contract on September 24, 2023. The re-awarded contract consists of a base year and four options years, terminating on September 23, 2028. The planned schedule for data collection appears in the following chart. Primary data collection activities are planned to begin in contract year 1 and may extend through contract year 5. The planned schedule for data collection activities in this package (i.e., those related to the Initial Implementation Interviews, Provider Interviews, and Follow-up Implementation Interviews) is provided in the following chart. Dates in the timeline are all shown relative to OMB’s clearance and CMS’ approval to contact states.

Timeline for Use of Data Collection Instruments in this Request for OMB Approval

Data Collection Activity	Dates
<i>Initial Implementation Interviews with State Administrators</i>	<i>Week following OMB Clearance and CMS Approval for Interviews</i>
CMS to send introductory emails to state administrators	Week 2

Data Collection Activity	Dates
Reminder emails sent to state administrators	Weeks 2 – 5
SMI/SED Initial Demonstration Implementation Interviews	Weeks 3 – 10
RTI send draft RCR on programmatic changes and case study reports to CMS	Week 16
<i>Provider Interviews</i>	<i>Week following OMB Clearance and CMS Approval for Interviews</i>
CMS to send introductory emails to state Medicaid director	Week 2
State Medicaid director to send introductory emails to providers	Week 2
RTI to send email invitations to providers	Week 3
Reminder emails sent to providers.	Weeks 3 – 10
Provider Interviews	Weeks 4 – 12
RTI send draft RCRs	Week 24
<i>Follow-up Implementation Interviews</i>	<i>Week following OMB Clearance and CMS Approval for Interviews</i>
CMS to send introductory emails to state administrators	Week 2
Reminder emails sent to state administrators	Weeks 2 – 5
SMI/SED Follow-up Implementation Interviews	Weeks 3 – 10
RTI send draft RCR to CMS	Week 36