

Supporting Statement – Part B
Collections of Information Employing Statistical Methods: Medicaid Section 1115 Severe Mental
Illness (SMI) and Children with Serious Emotional Disturbance (SED) Demonstrations
CMS-10398 #59, OMB 0938-1148

1. Describe (including a numerical estimate) the potential respondent universe and any sampling or other respondent selection method to be used. Data on the number of entities (e.g., establishments, State and local government units, households, or persons) in the universe covered by the collection and in the corresponding sample are to be provided in tabular form for the universe as a whole and for each of the strata in the proposed sample. Indicate expected response rates for the collection as a whole. If the collection had been conducted previously, include the actual response rate achieved during the last collection.

Initial and Follow-up SMI/SED Demonstration Implementation Interviews

The respondent universe consists of state Medicaid agency directors and, directors of the single state agency for mental health in all states with a section 1115 demonstration for adults with serious mental illness (SMI) and children with a serious emotional disturbance (SED).

As of April 2024, all states with an approved demonstration that have been recruited for interviews have participated in the initial interviews.

We aim to conduct initial interviews in up to 50 states and the District of Columbia should all states implement a SMI demonstration, and we aim to conduct follow-up interviews in all states that implement a SMI demonstration. We intend to interview the universe of respondents, and no sampling will be used.

SMI/SED Provider Interviews

The respondent universe consists of behavioral health providers – institutions of mental disease (IMD) leaders and community mental health center (CMHC) leaders – from selected states with an SMI demonstration.

As of December 2024, the current number of states with a section 1115 SMI/SED demonstration is 16 (including the District of Columbia). We intend to select up to 20 demonstration states. State Medicaid Directors from those states will provide a list of recommended behavioral health service providers to interview. In each selected state, we will select a total of 2 behavioral health service providers for interviews.

Because of the requirement to cooperate with CMS' federal independent evaluator and our procedures to minimize response burden, we expect a 100% response rate for the SMI/SED demonstration implementation and provider interviews.

2. Describe the procedures for the collection of information including:

- **Statistical methodology for stratification and sample selection,**

Our data collection includes all participating states, and thus we will not use a sampling strategy.

The goal of data collection is to collect qualitative data, not statistical inference. Therefore, we are using purposive sample selection.

The initial and follow-up SMI/SED demonstration implementation interviews will be conducted with state Medicaid agency directors and directors of the single state agency for mental health, or their designated staff. The IMD and CMHC interviews will be conducted with 1-2 administrators from one IMD per demonstration state and 1-2 administrators from one CMHC per demonstration state. State Medicaid directors will identify the SMI/SED providers that fit the specified criteria as well as points of contact.

A protocol has been created for each set of interviews. We will tailor each interview protocol with information gathered from reviews of state demonstration documents. For the SMI/SED provider interviews, we will also use information collected from the prior year's state demonstration interviews.

- **Estimation procedure,**

An estimation procedure is not applicable.

- **Degree of accuracy needed for the purpose described in the justification**

This is not applicable because we will not have an estimation procedure and will need 100% accuracy identifying respondents.

- **Unusual problems requiring specialized sampling procedures, and**

No specialized sampling procedures are necessary.

- **Any use of periodic (less frequent than annual) data collection cycles to reduce burden.**

This is a one-time data collection. The initial and follow-up SMI/SED demonstration implementation interviews are two separate, one time data collections. The follow-up SMI/SED demonstration implementation interviews will occur approximately 3 years after the initial interviews. For the SMI/SED provider interviews, there may be additional one-time interviews.

We plan to conduct case study interviews in future project years, but those data collections are not included in this request because their focus will be identified, and protocols will be developed closer to the data collection period.

3. Describe methods to maximize response rates and to deal with issues of non-response. The accuracy and reliability of information collected must be shown to be adequate for intended uses. For collections based on sampling, a special justification must be provided for any collection that will not yield 'reliable' data that can be generalized to the universe studied.

Per the interview protocol in the Supporting Statement Part A, we are implementing strategies to

reduce burden and increase response. Initial contacts will be made through the CMS project officer that is in regular contact with the state Medicaid director (**Attachment 4.a and Attachment 6.a.**). After CMS contacts selected state Medicaid Directors, RTI will immediately follow-up with states to make direct contact and schedule a call at a time dictated by the respondent (**Attachment 4.b. and Attachment 6.b.**) The team will follow-up after a period of non-response and will work the CMS project officer to ensure participation of state Medicaid Directors. The team will follow-up, up to four times, after a period of non-response.

4. Describe any tests of procedures or methods to be undertaken. Testing is encouraged as an effective means of refining collections of information to minimize burden and improve utility. Tests must be approved if they call for answers to identical questions from 10 or more respondents. A proposed test or set of tests may be submitted for approval separately or in combination with the main collection of information.

The approaches to conducting qualitative data collection outlined in Supporting Statement Part A, including the interview protocols, are based on our current procedures completed for this independent evaluation contract for CMS.

5. Provide the name and telephone number of individuals consulted on statistical aspects of the design and the name of the agency unit, contractor(s), grantee(s), or other person(s) who will actually collect and/or analyze the information for the agency.

Name	Telephone number	Agency unit, contractor, grantee, or other persons
Donna Spencer	919- 485-1145	RTI International
Melissa Romaine	919-541-6894	RTI International
Heather Kane	919-541-6738	RTI International
Rebecca Perry	202-974-7818	RTI International
Heather Beil	919-541-5938	RTI International
Brian Bruen	919-541-6625	RTI International
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