Introduction to the Assessment of the Availability of Mental Health Services

This template has four tabs: 1) Instructions, 2) Definitions, 3) Narrative Description, and 4) Availability Assessment.

States are expected to complete the Narrative Description once, at the beginning of the demonstration, and the Availability Assessment annually following the instructions on the Instructions tab

Questions should be directed to your CMS Project Officer

The state will provide a brief narrative of baseline conditions in place at the beginning of the demonstration in the Narrative Description tab. The state should provide a brief response in the space below each question. The state should complete this at the beginning of the demonstration only.

Instructions for Completing the Assessment of the Availability of Mental Health Services ("Availability Assessment" tab)

The state will submit multiple availability assessments. The state will submit an initial assessment at the time of application and annual assessments thereafter.

Before you

The state should select a consistent month in each year to populate the information in the availability assessment (e.g. provide initial information based on counts covering August 2019, and update the information based on begin: counts covering August 2020, August 2021, August 2022, and August 2023).

Enter the state name, data entry date(s), and time period reflected in the availability assessment in cells C1-3.

Column	Instructions
В	In column B, enter each geographic designation starting in cell B8. Add rows as needed to capture all geographic designations. Geographic designation means a state-defined geographic unit for reporting data, such as county, region, or catchment area. The state should consider how it divides its mental health system into smaller units or catchment areas to select geographic designations that will yield meaningful, actionable information.
с	In column C, starting in cell C8, please select whether geographic designation entered in the corresponding cell in column B could be considered urban or rural. If the geographic designation should be categorized as something other than urban or rural, select "Other-please explain" and record an explanation in the notes box in column D. Urban is defined as a Metropolitan Statistical Area or a Metropolitan division (in the case where a Metropolitan Statistical Area is divided into Metropolitan Divisions), as defined by the Executive Office of Management and Budget (42 CFR § 412.64(b)) Rural is defined as any area outside an urban area as defined in 42 CFR § 412.64(b).
D	In column D, beginning in cell D8, please use this space to explain the state's response if the state selects 'Other- please explain' in column C.
E	In column E, starting in cell E8, enter the total number of adult Medicaid beneficiaries ages 18-20 in each geographic designation at the selected point in time. Medicaid beneficiary means a person who has been determined to be eligible to receive Medicaid services as defined at 42 CFR §400.200. Note: this age category is separate in order to avoid double counting beneficiaries in the residential treatment category and to facilitate the calculation of certain ratios in the assessment. See the note in the following cell for additional explanation

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Column

In column F, starting in cell F8, enter the number of adult Medicaid beneficiaries ages 18-20 with SMI in each geographic designation at the selected point in time. As defined on page 1 of the State Medicaid Directors Letter, serious mental illness means persons age 18 and over who currently, or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria, that has resulted in functional impairment which substantially interferes with or limits one or more major life activities.

F Note: in the State Medicaid Directors letter (SMDL #18-011), SMI is defined to include individuals age 18 years and older, and SED includes children younger than 18. However, the residential treatment section of the availability assessment requests data on PRTFs, and the federal definition for PRTFs includes facilities that serve individuals under the age of 21. In order to avoid double counting beneficiaries in the residential treatment category, the assessment requests data on beneficiaries age 0-17, 18-20, and 21 and older separately.

In column G, starting in cell G8, enter the total number of adult Medicaid beneficiaries age 21 and older in each G geographic designation at the selected point in time.

In column H, starting in cell H8, enter the number of adult Medicaid beneficiaries age 21 and older with SMI in each geographic designation at the selected point in time.

Note: in the SMDL, SMI is defined to include individuals age 18 years and older, and SED includes children younger н than 18. However, the residential treatment section of the availability assessment requests data on PRTFs, and the federal definition for PRTFs includes facilities that serve individuals under the age of 21. In order to avoid double counting beneficiaries in the residential treatment category, the assessment requests data on beneficiaries age 0-17, 18-20, and 21 and older separately.

In column I, starting in cell 18, the availability assessment will automatically calculate the percent of adult Medicaid beneficiaries who have SMI in each geographic designation. The state should not input any values into this column or L modify the formulas in this column.

In column J, starting in cell J8, enter the total number of Medicaid beneficiaries under the age of 18 in each J geographic designation at the selected point in time.

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Column

К	In column K, starting in cell K8, enter the number of beneficiaries under the age of 18 with SED in each geographic designation at the selected point in time. As defined on page 2 of the SMDL, individuals with SED are those from birth up to age 18 who currently, or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities. Functional impairment" is defined as difficulties that substantially interfere with or limit a child or adolescent from achieving or maintaining one or more developmentally-appropriate social, behavioral, cognitive, communicative, or adaptive skills.
	In column L starting in cell L8, the availability assessment will automatically calculate the percent of beneficiaries under the age of 18 who have SED in each geographic designation. The state should not input any values into this column or modify the formulas in this column.
N/1	In column M, starting in cell M8, the availability assessment will automatically calculate the number of Medicaid beneficiaries (total) in each geographic designation.
Ν	In column N, starting in cell N8, the availability assessment will automatically calculate the percent with Medicaid beneficiaries with SMI or SED (total) in each geographic designation.
0	In column O, starting in cell O8, the availability assessment will automatically calculate the percent with SMI or SED (total) in each geographic designation.
Ρ	In column P, beginning in cell P8, please use this space to provide notes about or qualifications to beneficiary data. For example, use this cell to explain data limitations or missing data.
	In column O, starting in coll OS, optor the number of psychiatrists or other practitioners who are authorized to

In column Q, starting in cell Q8, enter the number of psychiatrists or other practitioners who are authorized to **prescribe** in each geographic designation. A psychiatrist is any psychiatrist licensed to practice in the state under state licensure laws. Other prescribers authorized to prescribe means the number of mental health practitioners Q other than psychiatrists who are authorized to prescribe as defined by state licensure laws.

In column R, starting in cell R8, enter the number of Medicaid-enrolled psychiatrists or other practitioners who are authorized to prescribe in each geographic designation. Medicaid-enrolled means any provider enrolled in Medicaid R to obtain Medicaid billing privileges, as defined in 42 CFR §455.410.

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Column

In column S, starting in cell S8, enter the number of Medicaid-enrolled psychiatrists or other practitioners who are authorized to prescribe and are accepting new Medicaid patients in each geographic designation. Accepting new S Medicaid patients means any provider enrolled in Medicaid to obtain Medicaid billing privileges who will treat new Medicaid-enrolled patients. In columns T-V, starting in cell T8, the availability assessment will automatically calculate the ratios in each geographic designation. The state should not input any values into these columns or modify the formulas in these T-V columns. In column W, beginning in cell W8, please use this space to provide notes about or qualifications to category data. W For example, use this cell to explain data limitations or missing data. In column X, starting in cell X8, enter the number of other practitioners certified or licensed to independently treat mental illness in each geographic designation. Other types of practitioners certified or licensed to independently treat mental illness means non-psychiatrist mental health providers who are certified or licensed to independently Х treat mental illness as defined by state licensure laws. This may include, but is not limited to, licensed psychologists, clinical social workers, and professional counselors. In column Y, starting in cell Y8, enter the number of Medicaid-enrolled other types of practitioners certified and Y licensed to independently treat mental illness in each geographic designation. In column Z, starting in cell Z8, enter the number of Medicaid-enrolled other types of practitioners certified and Ζ licensed to independently treat mental illness accepting new Medicaid patients in each geographic designation. In columns AA-AC, starting in cell AA8, the availability assessment will automatically calculate the ratios in each geographic designation. The state should not input any values into these columns or modify the formulas in these AA-AC columns. In column AD, beginning in cell AD8, please use this space to provide notes about or qualifications to category data. AD For example, use this cell to explain data limitations or missing data. In column AE, starting in cell AE8, enter the number of community mental health centers (CMHCs) in each geographic designation. A community mental health center is an entity that provides outpatient mental health AE services, 24 hour emergency care services, day treatment, screenings, and consultation and educational services, as defined at 42 CFR §410.2.

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Column	Instructions
AF	In column AF, starting in cell AF8, enter the number of Medicaid-enrolled CMHCs in each geographic designation.
AG	In column AG, starting in cell AG8, enter the number of Medicaid-enrolled CMHCs accepting new Medicaid patients in each geographic designation.
AH-AJ	In columns AH-AJ, starting in cell AH8, the availability assessment will automatically calculate the ratios in each geographic designation. The state should not input any values into these columns or modify the formulas in these columns.
AK	In column AK, beginning in cell AK8, please use this space to provide notes about or qualifications to category data. For example, use this cell to explain data limitations or missing data.
AL	In column AL, starting in cell AL8, enter the number of intensive outpatient/partial hospitalization providers in each geographic designation. Partial hospitalization or intensive outpatient services means a distinct and organized intensive ambulatory treatment program that offers less than 24-hour daily care other than in an individual's home or in an inpatient or residential setting.
АМ	In column AM, starting in cell AM8, enter the number of Medicaid-enrolled intensive outpatient/partial hospitalization providers in each geographic designation.
AN	In column AN, starting in cell AN8, enter the number of Medicaid-enrolled intensive outpatient/partial hospitalization providers accepting new Medicaid patients in each geographic designation.
AO-AQ	In column AO-AQ, starting in cell AO8, the availability assessment will automatically calculate the ratios in each geographic designation. The state should not input any values into these columns or modify the formulas in these columns.
AR	In column AR, beginning in cell AR8, please use this space to provide notes about or qualifications to category data. For example, use this cell to explain data limitations or missing data.
AS	In column AS, starting in cell AS8, enter the number of residential mental health treatment facilities (adult) in each geographic designation. A residential mental health treatment facilities (adult) is a facility not licensed as a psychiatric hospital, whose primary purpose is to provide individually planned programs of mental health treatment services in a residential care setting for adults as defined for SAMHSA's N-MHSS. Please exclude residential SUD treatment facilities.

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Instructions

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	In column AT, starting in cell AT8, enter the number of Medicaid-enrolled residential mental health treatment
AT	facilities (adult) in each geographic designation.

A11	In column AU, starting in cell AU8, enter the number of Medicaid-enrolled residential mental health treatment
	facilities (adult) accepting new Medicaid patients in each geographic designation.

	In column AV-AX, starting in cell AV8, the availability assessment will automatically calculate the ratios in each
	geographic designation. The state should not input any values into these columns or modify the formulas in these
	columns.

A.V.	In column AY, starting in cell AY8, enter the total number of residential mental health treatment facility beds (adult)
	in each geographic designation.

In column AZ, starting in cell AZ8, enter the total number of Medicaid-enrolled residential mental health treatment ΑZ **beds (adult)** in each geographic designation.

In column BA, starting in cell BA8, enter the total number of Medicaid-enrolled residential mental health treatment beds available to adult Medicaid patients in each geographic designation. Available to Medicaid adult Medicaid BA patients means any facility or bed available to serve Medicaid patients over the age of 18.

In column BB-BD, starting in cell BB8, the availability assessment will automatically calculate the ratios in each geographic designation. The state should not input any values into these columns or modify the formulas in these columns. **BB-BD**

In column BE, beginning in cell BE8, please use this space to provide notes about or qualifications to category data. BE For example, use this cell to explain data limitations or missing data.

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Instructions

BF	In column BF, starting in cell BF8, enter the number of psychiatric residential treatment facilities (PRTF) in each geographic designation. A PRTF is a non-hospital facility with a provider agreement with a state Medicaid agency to provide the inpatient psychiatric services to individuals under age 21 benefit (psych under 21 benefit). The facility must be accredited by the Joint Commission, the Council on Accreditation of Services for Families and Children, the Commission on Accreditation of Rehabilitation Facilities, or any other accrediting organization with comparable standards recognized by the State. PRTFs must also meet the requirements at 42 CFR §441.151 - §441.182, and 42 CFR §483.350 – §483.376.
BG	In column BG, starting in cell BG8, enter the number of Medicaid-enrolled PRTFs in each geographic designation.
ВН	In column BH, starting in cell BH8, enter the number of Medicaid-enrolled PRTFs accepting new Medicaid patients in each geographic designation.
BI-BK	In column BI-BK, starting in cell BI8, the availability assessment will automatically calculate the ratios in each geographic designation. The state should not input any values into these columns or modify the formulas in these columns.
BL	In column BL, starting in cell BL8, enter the total number of PRTF beds in each geographic designation.
ВМ	In column BM, starting in cell BM8, enter the number of Medicaid-enrolled PRTF beds in each geographic designation.
BN	In column BN, starting in cell BN8, enter the number of Medicaid-enrolled PRTF beds available to Medicaid patients in each geographic designation. Available to Medicaid patients means any facility or bed available to serve Medicaid patients.
BO-BQ	In column BO-BQ, starting in cell BO8, the availability assessment will automatically calculate the ratios in each geographic designation. The state should not input any values into these columns or modify the formulas in these

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BR	In column BR, beginning in cell BR8, please use this space to provide notes about or qualifications to category data. For example, use this cell to explain data limitations or missing data.
BS	In column BS, starting in cell BS8, enter the number of psychiatric hospitals in each geographic designation. A psychiatric hospital is an institution which provides diagnosis and treatment of mentally ill persons, as defined at 42 USC §1395x.
ВТ	In column BT, starting in cell BT8, enter the number of psychiatric hospitals available to Medicaid patients in each geographic designation.
BU-BV	In column BU-BV, starting in cell BU8, the availability assessment will automatically calculate the ratios in each geographic designation. The state should not input any values into these columns or modify the formulas in these columns.
BW	In column BW, beginning in cell BW8, please use this space to provide notes about or qualifications to category data. For example, use this cell to explain data limitations or missing data.
вх	In column BX, starting in cell BX8, enter the number of psychiatric units in acute care hospitals in each geographic designation. A psychiatric unit is a separate inpatient psychiatric unit of a general hospital that provides inpatient mental health services and has specifically allocated staff and space (beds) for the treatment of persons with mental illness, as defined for SAMHSA's N-MHSS.
BY	In column BY, starting in cell BY8, enter the number of psychiatric units in critical access hospitals (CAHs) in each geographic designation. A critical access hospital is a small facility that provides 24-hour emergency care, outpatient services, as well as inpatient services to people in rural areas, as defined in 42 CFR §485.606.
BZ	In column BZ, starting in cell BZ8, enter the number of Medicaid-enrolled psychiatric units in acute care hospitals in each geographic designation.
СА	In column CA, starting in cell CA8, enter the number of Medicaid-enrolled psychiatric units in CAHs in each geographic designation.
СВ	In column CB, starting in cell CB8, enter the number of Medicaid-enrolled psychiatric units in acute care hospitals accepting new Medicaid patients in each geographic designation.
сс	In column CC starting in cell CC8, enter the number of Medicaid-enrolled psychiatric units in CAHs accepting new Medicaid patients in each geographic designation.

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CD-CI	In column CD-CI, starting in cell CD8, the availability assessment will automatically calculate the ratios in each geographic designation. The state should not input any values into these columns or modify the formulas in these columns.
CI	In column CJ, beginning in cell CJ8, please use this space to provide notes about or qualifications to category data. For example, use this cell to explain data limitations or missing data.
СК	In column CK, starting in cell CK8, enter the number of licensed psychiatric hospital beds (psychiatric hospital + psychiatric units) in each geographic designation. Please enter the number of licensed psychiatric hospital beds as defined by state licensure requirements.
CL	In column CL, starting in cell CL8, enter the number of licensed psychiatric hospital beds (psychiatric hospital + psychiatric units) available to Medicaid patients in each geographic designation.
CM-CN	In column CM-CN, starting in cell CM8, the availability assessment will automatically calculate the ratios in each geographic designation. The state should not input any values into these columns or modify the formulas in these columns.
со	In column CO, beginning in cell CO8, please use this space to provide notes about or qualifications to category data. For example, use this cell to explain data limitations or missing data.
СР	In column CP, starting in cell CP8, enter the number of residential mental health treatment facilities (adult) that qualify as an institution for mental diseases (IMDs) in each geographic designation. An IMD is a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services per section 1905(i) of the Social Security Act. See also 42 CFR §435.1010 and section 4390 of the State Medicaid Manual.
cq	In column CQ, starting in cell CQ8, enter the number of Medicaid-enrolled residential mental health treatment facilities (adult) that qualify as IMDs in each geographic designation.
CR	In column CR, starting in cell CR8, enter the number of Medicaid-enrolled residential mental health treatment facilities (adult) that qualify as IMDs accepting Medicaid patients in each geographic designation.

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Column	Instructions
CS-CU	In column CS-CU, starting in cell CS8, the availability assessment will automatically calculate the ratios in each geographic designation. The state should not input any values into these columns or modify the formulas in these columns.
cv	In column CV, starting in cell CV8, enter the number of psychiatric hospitals that qualify as IMDs in each geographic designation.
cw	In column CW, starting in cell CW8, the availability assessment will automatically calculate the ratios in each geographic designation. The state should not input any values into these columns or modify the formulas in these columns.
сх	In column CX, beginning in cell CX8, please use this space to provide notes about or qualifications to category data. For example, use this cell to explain data limitations or missing data.
СҮ	In column CY, starting in cell CY8, enter the number of crisis call centers in each geographic designation. Please enter the number of crisis call centers as defined by the state.
cz	In column CZ, starting in cell CZ8, enter the number of mobile crisis units in each geographic designation. A mobile crisis unit is a team that intervenes during mental health crises, as defined by the state.
DA	In column DA, starting in cell DA8, enter the number of crisis observation/ assessment centers in each geographic designation. Please enter the number of observation or assessment centers as defined by the state.
DB	In column DB, starting in cell DB8, enter the number of crisis stabilization units in each geographic designation. Crisis stabilization units offer medically monitored short-term crisis stabilization services, as defined by the state.
DC	In column DC, starting in cell DC8, enter the number of coordinated community crisis response teams in each geographic designation. Coordinated community crisis response means a community-based program or entity that
DD-DH	In column DD-DH, starting in cell DD8, the availability assessment will automatically calculate the ratios in each geographic designation. The state should not input any values into these columns or modify the formulas in these columns.
DI	In column DI, beginning in cell DI8, please use this space to provide notes about or qualifications to category data. For example, use this cell to explain data limitations or missing data.

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Column	Instructions
נס	In column DJ, starting in cell DJ8, enter the number FQHCs that offer behavioral health services in each geographic designation. Federally qualified health center (FQHC) means an entity that has entered into an agreement with CMS to meet Medicare program requirements under 42 CFR §405.2434 and 42 CFR §405.2401.
DK	In column DK, starting in cell DK8,the availability assessment will automatically calculate the ratios in each geographic designation. The state should not input any values into these columns or modify the formulas in these columns.
DL	In column DL, beginning in cell DL8, please use this space to provide notes about or qualifications to category data.
DM	Beginning in column DM, add additional counts and ratios for provider and setting types that the state considers important to its mental health system. The state should not modify any of the previous columns.

	Definitions of terms used in the Availability Assessment
Term	Definition
Accepting new Medicaid	Accepting new Medicaid patients means any provider enrolled in Medicaid to obtain Medicaid billing
patients	privileges who will treat new Medicaid-enrolled patients.
Available to Medicaid	Available to Medicaid patients means any facility or bed available to serve Medicaid patients.
patients	
Adult	An <i>adult</i> is a person age 18 and over [SMDL].
Community mental health	A community mental health center (CMHC) is an entity that provides outpatient mental health services, 24
center (CMHC)	hour emergency care services, day treatment, screenings, and consultation and educational services, as
	defined at 42 CFR §410.2.
Coordinated community	Coordinated community crisis response means a community-based program or entity that manages crisis
crisis response	response across various community entities or programs, as defined by the state.
Crisis call center	C risis call centers are defined by the state.
Crisis stabilization unit	Crisis stabilization units offer medically monitored short-term crisis stabilization services, as defined by the state.
Critical access hospital	A critical access hospital is a small facility that provides 24-hour emergency care, outpatient services, as
	well as inpatient services to people in rural areas, as defined in 42 CFR §485.606.
Federally qualified health	Federally qualified health center (FQHC) means an entity that has entered into an agreement with CMS to
center	meet Medicare program requirements under 42 CFR §405.2434 and 42 CFR §405.2401
Geographic designation	<i>Geographic designation</i> means a state-defined geographic unit for reporting data, such as county, region, or catchment area.
Institution for mental	An <i>institution for mental diseases</i> is a hospital, nursing facility, or other institution of more than 16 beds
diseases (IMD)	that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including
	medical attention, nursing care and related services per section 1905(i) of the Social Security Act. See also 42
	CFR §435.1010 and section 4390 of the State Medicaid Manual.
Intensive outpatient	Intensive outpatient services or partial hospitalization means a distinct and organized intensive ambulatory
services or partial	treatment program that offers less than 24-hour daily care other than in an individual's home or in an
hospitalization	inpatient or residential setting.
Licensed psychiatric hospita	Licensed psychiatric hospital beds are defined by state licensure requirements.
bed	

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Term	Definition
Medicaid beneficiary	<i>Medicaid beneficiary</i> means a person who has been determined to be eligible to receive Medicaid services as defined at 42 CFR §400.200.
Medicaid-enrolled	<i>Medicaid-enrolled</i> means any provider enrolled in Medicaid to obtain Medicaid billing privileges, as defined in 42 CFR §455.410.
Mobile crisis unit	A <i>mobile crisis unit</i> is a team that intervenes during mental health crises, as defined by the state.
Mental health practitioners other than psychiatrists who are authorized to prescribe	<i>Mental health practitioners other than psychiatrists who are authorized to prescribe</i> are defined by state licensure laws.
Mental health practitioners other than psychiatrists who are certified or licensed by the state to independently treat mental illness.	<i>Mental health practitioners other than psychiatrists who are certified or licensed to treat mental illness</i> are non-psychiatrist mental health providers who are certified or licensed to independently treat mental illness as defined by state licensure laws. This may include, but is not limited to, licensed psychologists, clinical social workers, and professional counselors .
Observation or assessment centers	Observation or assessment centers are defined by the state.
Psychiatric hospital	A <i>psychiatric hospital</i> is an institution which provides diagnosis and treatment of mentally ill person, as defined at 42 USC §1395x.
Psychiatric residential treatment facility (PRTF)	A <i>psychiatric residential treatment facility</i> is a non-hospital facility with a provider agreement with a state Medicaid agency to provide the inpatient psychiatric services to individuals under age 21 benefit (psych under 21 benefit). The facility must be accredited by the Joint Commission, the Council on Accreditation of Services for Families and Children, the Commission on Accreditation of Rehabilitation Facilities, or any other accrediting organization with comparable standards recognized by the State. PRTFs must also meet the requirements at 42 CFR §441.151 - §441.182, and 42 CFR §483.350 – §483.376.
Psychiatric unit	A psychiatric unit is a separate inpatient psychiatric unit of a general hospital that provides inpatient mental health services and has specifically allocated staff and space (beds) for the treatment of persons with mental illness, as defined for SAMHSA's National Mental Health Services Survey (N-MHSS).
Psychiatrist	A <i>psychiatrist</i> is any psychiatrist licensed to practice in the state under state licensure laws

	Definitions of terms used in the Availability Assessment
Term	Definition
Residential mental health treatment facilities (adult)	A <i>residential mental health treatment facilities (adult)</i> is a facility not licensed as a psychiatric hospital, whose primary purpose is to provide individually planned programs of mental health treatment services in a residential care setting for adults as defined for SAMHSA's N-MHSS. Please exclude residential SUD treatment facilities.
Rural	Rural means any area outside an urban area as defined in 42 CFR § 412.64(b)
Severe emotional disturbance	<i>Persons with</i> severe emotional disturbance means individuals from birth up to age 18 who currently, or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities. Functional impairment" is defined as difficulties that substantially interfere with or limit a child or adolescent from achieving or maintaining one or more developmentally-appropriate social, behavioral, cognitive, communicative, or adaptive skills [SMDL].
Serious mental illness	 Persons with serious mental illness means individuals, age 18 and over, who currently, or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria, that has resulted in functional impairment which substantially interferes with or limits one or more major life activities. [SMDL] Note: in the SMDL, SMI is defined to include individuals age 18 years and older, and SED includes children younger than 18. However, the residential treatment section of the availability assessment requests data on PRTFs, and the federal definition for PRTFs includes facilities that serve individuals under the age of 21. In order to avoid double counting beneficiaries in the residential treatment category, the assessment requests data on beneficiaries age 0-17, 18-20, and 21 and older separately.
Urban	Urban means a Metropolitan Statistical Area or a Metropolitan division (in the case where a Metropolitan Statistical Area is divided into Metropolitan Divisions), as defined by the Executive Office of Management and Budget (42 CFR § 412.64(b)).

1. In the space below, describe the mental health service needs (e.g. prevalence and distribution of SMI/SED) of Medicaid beneficiaries with SMI/SED in the state at the beginning of the demonstration. [Limit responses to 500 words if possible]

In New Mexico, an average of 10% of the Medicaid population has an SMI and 6% has an SED diagnosis in August 2019. Thus, 8% of the NM Medicaid population was experiencing SMI/SED at the start of the demontration. In our one month analysis, over 40,000 adults enrolled in the Mediaid program were treated for SMI and 17,000 children for SED. These percents and prevalences exceed the SAMHSA estimate of 5.4% average of SMI across the U.S.'s civillian population. With 23.5% of New Mexican children living in poverty, SAMHSA classifies NM in the highest poverty tier with estimates for SED in New Mexico range from 7-13%. Similarly, for August 2019, the range of SMI/SED within the NM Mediaid population and across NM counties is 4-15% (SMI) and 3-24% (SED). New Mexico is a highly rural state, with 1/3 of those with SMI/SED living in a rural county. Concerningly, the counties with the highest percent of Medicaid beneficiaries with SMI and SED are in rural communities; for example, 14% the Medicaid beneficaries in Los Alamos county are diagnosed with SMI and 24% in De Baca county with SED. With a shortage of behavioral health providers in NM, it is likely that underdiagnosis is present, particularly in the smaller, rural communities with limited access to clinicians.

2. In the space below, describe the organization of the state's Medicaid behavioral health service delivery system at the beginning of the demonstration. [Limit responses to 500 words if possible]

The New Mexico Behavioral Health Collaborative was created during the 2004 Legislative Session. The enabling statute allows several state agencies and multiple resources across state government involved in behavioral health prevention, treatment, and recovery to work as one in an effort to improve mental health and substance abuse services in New Mexico. This cabinet-level group represents 15 state agencies and the Governor's office. The Behavioral Health Services Division (BHSD) is based within the Human Services Division along with the New Mexico Medical Assistance Division, which oversees Medicaid. BHSD has primary responsibility for adult behavioral health services for those 18 years and older with substance abuse and mental health disorders, and the Children Youth and Families Department (CYFD) is responsible for children and adolescent services for those aged 0-18 years old, though the two collaborate on transition-aged youth services for those 18-25.

The Collaborative receives input and guidance from the Behavioral Health Planning Council (Planning Council) and Local Collaboratives (LCs). Established by statute, the Planning Council is the single state advisory body for behavioral health that promotes the development of a comprehensive, integrated, community-based behavioral health system of care that includes mental health and substance abuse services and services for persons with co-occurring disorders. It is comprised of a minimum of 51% service recipient and family representation and includes five statutorily established subcommittees, including: Medicaid, Native American, Child and Adolescent, Substance Abuse and Adult Subcommittees. Additionally, there are 18 Collaborative designated local collaboratives (LCs) across the state which represent each of the State's 13 judicial districts and 5 Native American communities. LCs are composed of 50% or more service recipient and family member representatives and are forums to provide input for policy development and planning at the local level.

New Mexico's Behavioral Health services are delivered through agencies that are licensed and or certified as hospitals, community mental health centers, core service agencies, federally qualified health centers, and behavioral health agencies. BHSD works closely with the NM DOH and CYFD on the licensure and certification requirements and oversight. BHSD serves as the monitor, subject matter expert and the Single State Authority for the NM Behavioral Health System.

3. In the space below, describe the availability of mental health services for Medicaid beneficiaries with SMI/SED in the state at the beginning of the demonstration. At minimum, explain any variations across the state in the availability of the following: inpatient mental health services; outpatient and community-based services; crisis behavioral health services; and care coordination and care transition planning. [Limit responses to 1000 words if possible]

New Mexico's Federally Qualified Health Centers (FQHCs) and state certified behavioral health agencies (BHAs) serve as the state's behavioral healthcare delivery backbone while facing a provider shortage with limited inpatient and intensive outpatient options. Inpatient facilities are few and geographically located in the most populous regions of the state. Specifically, New Mexico has only 5 Institutes for Mental Disease (IMDs), which are primarily located in urban communities in the center and southwestern corner of the state. Further, there are no residential treatment facilities (RTFs) that qualify as IMDs. While the state has a robust Critical Access Hospital presence, none have inpatient psychiatric care available. Similarly, the state has highly limited options for outpatient and partial treatment. New Mexico has a total of 109 intensive outpatient providers for a ratio of 1:546 and there are 0 residential mental health treatment facilities for adults. Finally, New Mexico faces a behavioral health provider shortage; for example, our most populous county (Bernalillo) has a 1:90 ratio of Medicaid beneficiaries to psychiatrists/prescribers.

Care coordination is available for individuals with SMI/SED as a benefit for anyone enrolled via a Medicaid Managed Care Organization through Centennial Care. Eligible American Indians can enroll in managed care or in Medicaid in fee for service (FFS). Care coordination is not available for the FFS arrangement. The state has 7 certified Medicaid health home agencies for SMI who provide care coordination in addition to treatment for SMI/SED. NM is in the process of standing up crisis triage centers and state regulations have now been promulgated. As of August 2019, none of these new crisis triage centers were submitting Medicaid claims. NM has a statewide crisis telephone line (NM Crisis and Access Line) which does not directly submit Medicaid claims.

4. In the space below, describe any gaps the state identified in the availability of mental health services or service capacity while completing the Availability Assessment. [Limit responses to 500 words if possible]

New Mexico has an ongoing need for additional inpatient capacity and intermediate levels of care. As noted with the ratios in the assessment and in Section #3 above, the statewide ratio is 1-to-546 for intensive outpatient/partial hospitalization with a ratio of 1-to-1231 for our most populous county (Bernalillo). At this time, there are no partial hospitalization programs that serve Medicaid beneficiaries. Access to a psychiatric hospital and/or IMD is very limited, with a ratio of 1-to-11,900 and 1-to-78 for Medicaid beneficiaries to psychiatric beds. Nationally, a ratio of 1:50 (beds:persons) has been noted as an potential target ratio. This ratio, however, is predicated on a comprehensive outpatient system to allow for access in the outpatient/intermediate setting, which is unfortunately not present in New Mexico. Further, not all of the state's psychiatric beds are filled by Medicaid patients – thus we could assume the ratio to be reduced by half (over 50% of New Mexicans have non-Medicaid insurance) for an approximate 1:150 ratio. Further, for adolescent residential treatment facilities (RTF), the ratio is 1:2433. The limitations with inpatient and intermediate levels of care facilities, drive barriers to treatment access and provide an undue strain on the outpatient system including the FQHCs and BHAs. The BHAs do deliver at least one specialized health service, but not the full array at certified CMHCs. The lack of the full array of CMHC services at BHAs is an additional barrier to access to outpatient care. This is of particular concern for our rural communities who have minimal regional access to inpatient or intermediate levels of care facilities, as well as barriers to FQHCs/BHAs due to rural provider shortages.

5. In the space below, describe any gaps in the availability of mental health services or service capacity NOT reflected in the Availability Assessment. [Limit responses to 500 words if possible]

The gaps in mental health capacity not noted in the assessment encompass residential treatment facilities (RTFs), care coordination, and community-based crisis services. RTFs in New Mexico are only available to treat those with SED/SMI under the age of 21. There are no adult RTFs (over 21 years) for mental health. Further, there are gaps in behavioral health care coordination with care coordination services not available in the Medicaid FFS arrangement at this time. Finally, the state has begun standing up community-based crisis intervention services. These are immediate, crisis-oriented services designed to ameliorate or minimize an acute crisis episode or to prevent inpatient psychiatric hospitalization or medical detoxification. These include crisis triage centers which provide voluntary stabilization of behavioral health crises including emergency mental health evaluation and care for those aged 14 and older. These were not present and thus not billing Medicaid during August 2019. Crisis stabilization services are outpatient services for up to 24-hour stabilization of crisis conditions including withdrawal management and as an alternative to the emergency department or police department. Now that they are promulgated, we anticipate both the crisis triage centers and crisis stabilization services will increase overtime.

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