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

Instructions for Completing the Narrative Description ("Narrative Description" tab)

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)

Before you begin:	**The state will submit multiple availability assessments. The state will submit an initial assessment at the time of application and annual assessments thereafter.**
	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 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.
	To add rows for additional geographic designations, click the "Add row" button.

Column	Instructions
B	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.
C	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	Instructions
F	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. 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.
G	In column G, starting in cell G8, enter the total number of adult Medicaid beneficiaries **age 21 and older** in each geographic designation at the selected point in time.
H	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 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.
I	In column I, starting in cell I8, 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 modify the formulas in this column.
J	In column J, starting in cell J8, enter the total number of Medicaid beneficiaries **under the age of 18** in each geographic designation at the selected point in time.

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Column	Instructions
K	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.
L	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.
M	In column M, starting in cell M8, the availability assessment will automatically calculate the number of Medicaid beneficiaries (total) in each geographic designation.
N	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.
O	In column O, starting in cell O8, the availability assessment will automatically calculate the percent with SMI or SED (total) in each geographic designation.
P	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.
Q	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 other than psychiatrists who are authorized to prescribe as defined by state licensure laws.
R	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 to obtain Medicaid billing privileges, as defined in 42 CFR §455.410.

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Column	Instructions
S	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 Medicaid patients means any provider enrolled in Medicaid to obtain Medicaid billing privileges who will treat new Medicaid-enrolled patients.
T-V	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 columns.
W	In column W, beginning in cell W8, 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.
X	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 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.
Y	In column Y, starting in cell Y8, enter the number of **Medicaid-enrolled other types of practitioners certified and licensed to independently treat mental illness** in each geographic designation.
Z	In column Z, starting in cell Z8, enter the number of **Medicaid-enrolled other types of practitioners certified and licensed to independently treat mental illness accepting new Medicaid patients** in each geographic designation.
AA-AC	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 columns.
AD	In column AD, beginning in cell AD8, 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.
AE	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 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.
AM	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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Column	Instructions
AT	In column AT, starting in cell AT8, enter the number of **Medicaid-enrolled residential mental health treatment facilities (adult)** in each geographic designation.
AU	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.
AV-AX	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.
AY	In column AY, starting in cell AY8, enter the total number of **residential mental health treatment facility beds (adult)** in each geographic designation.
AZ	In column AZ, starting in cell AZ8, enter the total number of **Medicaid-enrolled residential mental health treatment beds (adult)** in each geographic designation.
BA	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 patients means any facility or bed available to serve Medicaid patients over the age of 18.
BB-BD	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.
BE	In column BE, beginning in cell BE8, 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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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.
BH	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.
BM	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 columns.

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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.
BT	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.
BX	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.
CA	In column CA, starting in cell CA8, enter the number of **Medicaid-enrolled psychiatric units in CAHs** in each geographic designation.
CB	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.
CC	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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Column	Instructions
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.
CJ	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.
CK	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.
CO	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.
CP	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.
CX	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.
CY	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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DJ	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 patients	***Accepting new Medicaid patients*** means any provider enrolled in Medicaid to obtain Medicaid billing privileges who will treat new Medicaid-enrolled patients.
Available to Medicaid patients	***Available to Medicaid patients*** means any facility or bed available to serve Medicaid patients.
Adult	An ***adult*** is a person age 18 and over [SMDL].
Community mental health center (CMHC)	A ***community mental health center (CMHC)*** is an entity that provides outpatient mental health services, 24 hour emergency care services, day treatment, screenings, and consultation and educational services, as defined at 42 CFR §410.2.
Coordinated community crisis response	***Coordinated community crisis response*** means a community-based program or entity that manages crisis 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 center	***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
Geographic designation	***Geographic designation*** means a state-defined geographic unit for reporting data, such as county, region, or catchment area.
Institution for mental diseases (IMD)	An ***institution for mental diseases*** 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.
Intensive outpatient services or partial hospitalization	***Intensive outpatient services or partial hospitalization*** 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.
Licensed psychiatric hospital bed	***Licensed psychiatric hospital beds*** are defined by state licensure requirements.

Definitions of terms used in the Availability Assessment	
Term	**Definition**
Medicaid beneficiary	***Medicaid beneficiary*** means a person who has been determined to be eligible to receive Medicaid services as defined at 42 CFR §400.200.
Medicaid-enrolled	***Medicaid-enrolled*** means any provider enrolled in Medicaid to obtain Medicaid billing privileges, as defined in 42 CFR §455.410.
Mobile crisis unit	A ***mobile crisis unit*** 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	***Mental health practitioners other than psychiatrists who are authorized to prescribe*** 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.	***Mental health practitioners other than psychiatrists who are certified or licensed to treat mental illness*** 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 ***psychiatric hospital*** is an institution which provides diagnosis and treatment of mentally ill person, as defined at 42 USC §1395x.
Psychiatric residential treatment facility (PRTF)	A ***psychiatric residential treatment facility*** 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 ***psychiatrist*** is any psychiatrist licensed to practice in the state under state licensure laws

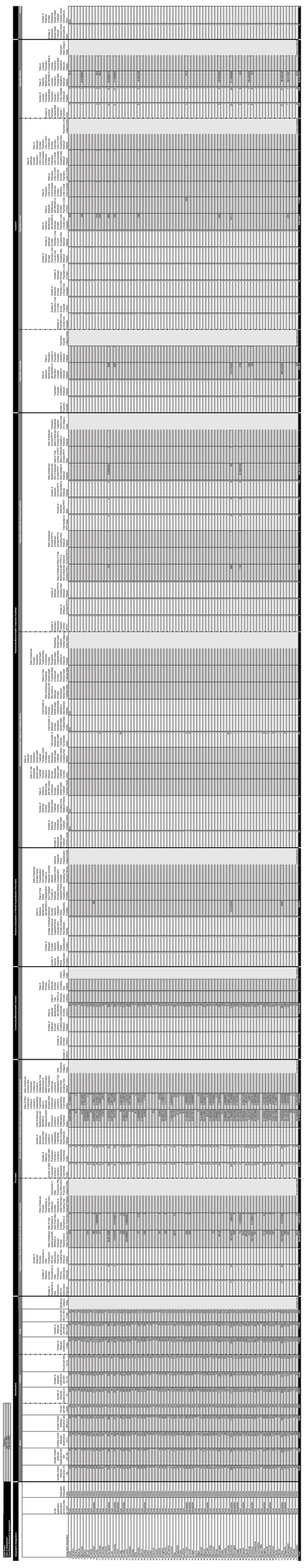
Definitions of terms used in the Availability Assessment	
Term	**Definition**
Residential mental health treatment facilities (adult)	A ***residential mental health treatment facilities (adult)*** is a facility not licensed as a psychiatric hospital, whose primary purpose is to provide individually planned 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.
Rural	***Rural*** means any area outside an urban area as defined in 42 CFR § 412.64(b)
Serious emotional disturbance	*Persons with* ***serious 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)).

Narrative Description (to be completed at baseline)
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]
Oklahoma continues to experience high rates of serious mental illness (SMI) and serious emotional disturbance (SED) within its Medicaid population. Eleven percent of beneficiaries under 18 have an SED diagnosis and 25% of Medicaid beneficiaries 21 and older have an SMI, resulting in a 15% overall rate of SMI/SED within Oklahoma's Medicaid enrollees. The state's two most populous counties, Oklahoma and Tulsa, contain nearly 41% of those individuals. There are also a number of rural areas that experience significantly higher percentages of Medicaid-enrolled residents with SMI/SED than the statewide average, with a rate of 32% in one rural county and seven other rural counties with a rate of 20% or more. Overall prevalence rates are also high, with an estimated 20.43% of Oklahomans age 18 or older experiencing mental illness and 5.23% estimated to have a serious mental illness according to SAMHSA's 2017-2018 National Survey on Drug Use and Health (NSDUH). Oklahoma has not been a Medicaid expansion state but plans to expand Medicaid to individuals ages 19-64 with incomes of up to 133% of the Federal Poverty Level starting July 1, 2020. Thus, increases in the number of individuals in need of behavioral health services is expected to rise as overall Medicaid enrollment rises.
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]

Narrative Description (to be completed at baseline)
The Oklahoma Health Care Authority (OHCA) and the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) work collaboratively to provide a wide array of behavioral health services for Oklahomans. Medicaid compensable inpatient services are largely administered by the OHCA, while Medicaid compensable outpatient services and other state-funded supports are largely administered by the ODMHSAS. A combined payer system consolidates eligibility determinations, claims, authorizations, and outcomes data for publicly funded services, including both Medicaid compensable and state-funded services. Services and supports are available statewide through a network of private and government-operated programs. These programs include 13 Community Mental Health Centers (CMHCs) that serve as the statewide safety net for behavioral health services, serving Medicaid enrolled and low-income populations. This statewide network of CMHCs is primarily responsible for comprehensive services for adults with SMI. CMHCs, by regulation, must provide crisis intervention, medication and psychiatric services, case management, evaluation and treatment planning, therapy services, and psychosocial rehabilitation. In addition, clients are provided with job location and placement, housing assistance, educational services, case management services, and other needed supports. All CMHCs also provide co-occurring and substance use disorder treatment services. Additionally, Medicaid-enrolled psychiatrists, independent practitioners, and agencies provide outpatient services to Medicaid beneficiaries. Community Based Structured Crisis Centers for children, in Oklahoma City and Tulsa, address the emergent needs of children and their families. There are nine crisis centers for adults located in the state. Oklahoma utilizes a system of coordinated community response and mobile crisis response within the Systems of Care network to ensure children in crisis are connected with the appropriate level of care. This system covers the majority of the state outside of the metropolitan areas, and Oklahoma is potentially pursuing expansion of this service to currently unserved areas. The CBA process involves a strong partnership between ODMHSAS and OHCA. In the adult system, CMHCs provide emergency assessments to their communities, largely via telehealth in rural communities. Due to limited Medicaid coverage for adults, five state-operated psychiatric hospitals provide services for most adults in need of inpatient care. A network of psychiatric residential treatment facilities, hospitals, and hospital units provide inpatient services for children. With the state's adult Medicaid eligibility landscape potentially changing with Medicaid expansion in July 2020, there may be increased capacity within the state for medically necessary inpatient care for adults.
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]

Narrative Description (to be completed at baseline)
Not surprisingly, behavioral health providers are clustered in the state's metropolitan areas. To mitigate these challenges, a statewide network of CMHCs serves as the safety net for behavioral health services, providing crisis, outpatient, and rehabilitation services at a minimum. CMHCs serve both Medicaid beneficiaries and those without insurance; Oklahoma's anticipated Medicaid expansion beginning July 1, 2020 will significantly increase the number of individuals served with Medicaid coverage, while also increases these individuals' access to services for physical health conditions. Inpatient care is especially limited in rural areas, and the majority of adult inpatient stays occur within five state-operated psychiatric hospitals. Two crisis centers in Oklahoma City and Tulsa serve children, while a robust mobile crisis, coordinated crisis response, and community-based assessment system supported through a Systems of Care model support children in crisis. CMHCs support adults in crisis through crisis stabilization units and mobile crisis response; while there is currently not statewide coverage of mobile crisis for adults, the state is working to broaden this network. A number of contractual and regulatory requirements support care coordination and transition planning. ODMHSAS operated hospitals are required to complete discharge planning for continued treatment for co-occurring disorders and to communicate regularly with CMHCs and addiction recovery programs. CCBHCs are required to have a formalized structure of transitional care planning and to make reasonable attempts to contact all consumers who are discharged from these settings within 24 hours of discharge. CMHCs provide statewide coverage, and CCBHC coverage is expected statewide within the next two years. While most services are more available in metropolitan areas, the state is currently experiencing a transformation of service delivery through virtual methods due to the COVID-19 emergency. The state expects that the provision of services through telehealth will continue at higher than normal rates prior to the emergency as providers adapt their procedures and protocols to social distancing guidelines; OHCA and ODMHSAS are also monitoring these changes to support access to behavioral health services long-term. The state would like to note that, because intensive outpatient providers are not recognized as a distinct provider type for adults, these providers are not reflected in the availability assessment. However, providers are able to provide and be reimbursed for this level of service through a combination of psychotherapy, case management, and rehabilitation services within the current system.
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]

Narrative Description (to be completed at baseline)
While health homes focus on the integration of physical and behavioral health services, it is notable that only slightly more than half of the counties in the state have Federally Qualified Health Centers that provide behavioral health services. The completion of the Availability Assessment also highlighted shortages of psychiatrists/prescribers, in alignment with national trends, with many counties having none and a number of other counties having less than one Medicaid-enrolled psychiatrist/prescriber per 1000 Medicaid beneficiaries with SMI/SED. However, the statewide CMHC system mitigates these shortages by providing a safety net though which individuals can access services. There are also notable gaps in residential and inpatient psychiatric providers. Provider network adequacy is especially challenging for the adult population, with high rates of uninsured adults in the state and most facilities qualifying as IMDs. Medicaid expansion, together with this waiver, is anticipated to support infrastructure for these providers in alignment with medically necessary demand.
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 state has provided a separate availability assessment regarding substance use disorder (SUD) services. Similar to inpatient psychiatric services, the availability of residential SUD services is limited, particularly for higher levels of care. Medication Assisted Treatment is also limited, and data gathered for Licensed Alcohol and Drug Counselors (LADCs) indicates a significant portion of these practitioners are not enrolled in Medicaid. This is likely due in part to the fact that a significant proportion of the population in need of these services is currently not eligible for Medicaid. With Medicaid expansion expected in the state in July 2020, the state anticipates increases in the Medicaid network for SUD services.



Kaplan-Meier Survival Estimates

Kaplan-Meier Survival Estimates, Stratified by Treatment Group, Cohort: Intent-to-Treat Population

Treatment Group	Time (Months)	Number at Risk	Number Censored	Cumulative Survival Estimate	95% CI Lower	95% CI Upper
Placebo	0.0	120	0	1.000	NE	NE
	0.5	118	0	0.983	0.961	1.000
	1.0	116	0	0.967	0.938	0.991
	1.5	114	0	0.950	0.915	0.978
	2.0	112	0	0.933	0.892	0.965
	2.5	110	0	0.917	0.870	0.952
	3.0	108	0	0.900	0.848	0.939
	3.5	106	0	0.883	0.826	0.926
	4.0	104	0	0.867	0.804	0.913
	4.5	102	0	0.850	0.782	0.900
	5.0	100	0	0.833	0.760	0.887
	5.5	98	0	0.817	0.738	0.874
	6.0	96	0	0.800	0.716	0.861
	6.5	94	0	0.783	0.694	0.848
	7.0	92	0	0.767	0.672	0.835
	7.5	90	0	0.750	0.650	0.822
	8.0	88	0	0.733	0.628	0.809
	8.5	86	0	0.717	0.606	0.796
	9.0	84	0	0.700	0.584	0.783
	9.5	82	0	0.683	0.562	0.770
	10.0	80	0	0.667	0.540	0.757
	10.5	78	0	0.650	0.518	0.744
	11.0	76	0	0.633	0.496	0.731
	11.5	74	0	0.617	0.474	0.718
	12.0	72	0	0.600	0.452	0.705
	12.5	70	0	0.583	0.430	0.692
	13.0	68	0	0.567	0.408	0.679
	13.5	66	0	0.550	0.386	0.666
	14.0	64	0	0.533	0.364	0.653
	14.5	62	0	0.517	0.342	0.640
	15.0	60	0	0.500	0.320	0.627
	15.5	58	0	0.483	0.298	0.614
	16.0	56	0	0.467	0.276	0.601
	16.5	54	0	0.450	0.254	0.588
	17.0	52	0	0.433	0.232	0.575
	17.5	50	0	0.417	0.210	0.562
	18.0	48	0	0.400	0.188	0.549
	18.5	46	0	0.383	0.166	0.536
	19.0	44	0	0.367	0.144	0.523
	19.5	42	0	0.350	0.122	0.510
	20.0	40	0	0.333	0.100	0.497
	20.5	38	0	0.317	0.078	0.484
	21.0	36	0	0.300	0.056	0.471
	21.5	34	0	0.283	0.034	0.458
	22.0	32	0	0.267	0.012	0.445
	22.5	30	0	0.250	NE	0.432
	23.0	28	0	0.233	NE	0.419
	23.5	26	0	0.217	NE	0.406
	24.0	24	0	0.200	NE	0.393
	24.5	22	0	0.183	NE	0.380
	25.0	20	0	0.167	NE	0.367
	25.5	18	0	0.150	NE	0.354
	26.0	16	0	0.133	NE	0.341
	26.5	14	0	0.117	NE	0.328
	27.0	12	0	0.100	NE	0.315
	27.5	10	0	0.083	NE	0.302
	28.0	8	0	0.067	NE	0.289
	28.5	6	0	0.050	NE	0.276
	29.0	4	0	0.033	NE	0.263
	29.5	2	0	0.017	NE	0.250
	30.0	0	0	0.000	NE	NE