

**Medicaid Section 1115 Serious Mental Illness and Serious
Emotional Disturbance Demonstrations
Monitoring Report Template**

Note: PRA Disclosure Statement to be added here

1. Title page for the state’s serious mental illness and serious emotional disturbance (SMI/SED) demonstration or the SMI/SED component of the broader demonstration

The state should complete this title page at the beginning of a demonstration and submit as the title page for all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.

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|---|--|
| State | District of Columbia |
| Demonstration name | Behavioral Health Transformation |
| Approval period for section 1115 demonstration | 01/01/2020 – 12/31/2024 |
| SMI/SED demonstration start date^a | 01/01/2020 |
| Implementation date of SMI/SED demonstration, if different from SMI/SED demonstration start date^b | Click here to enter text. |
| SMI/SED (or if broader demonstration, then SMI/SED - related) demonstration goals and objectives | The goal of this demonstration is for the District to maintain and enhance access to mental health services and continue delivery system improvements to provide more coordinated and comprehensive treatment for Medicaid beneficiaries with serious mental illness (SMI) and serious emotional disturbance (SED). This demonstration authorizes the District to receive federal financial participation (FFP) for delivering high-quality, clinically appropriate treatment to beneficiaries diagnosed with SMI and receiving treatment while they are short-term residents in settings that qualify as Institutions for Mental Diseases (IMD). This demonstration also complements the District’s efforts to implement models of care that are focused on increasing supports for individuals outside of institutions, in home and community-based settings (HCBS) to improve their access to SMI/SED services at varied levels of intensity. |
| SMI/SED demonstration year and quarter | SMI/SED DY3Q2 |
| Reporting period | 04/01/2022 – 06/30/2022 |

^a **SMI/SED demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at time of SMI/SED demonstration approval. For example, if the state’s STCs at the time of SMI/SED demonstration approval note that the SMI/SED demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SMI/SED demonstration. Note that the effective date is considered to be the first day the state may begin its SMI/SED demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on 12/15/2020, with an effective date of 1/1/2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

^b Implementation date of SMI/SED demonstration: The date the state began claiming federal financial participation for services provided to individuals in institutions of mental disease.

2. Executive summary

There were some significant changes in the SMI quarterly and annual metrics, as explained below.

There were also significant increases in the HIT metrics due to the activities of the HIE Connectivity grant, as outlined in the implementation plan.

Finally, there were some significant changes in the number of grievances and critical incidents. The District attributes these changes to natural variation.

3. Narrative information on implementation, by milestone and reporting topic

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|--|---|
| 1. Ensuring Quality of Care in Psychiatric Hospitals and Residential Settings (Milestone 1) | | | |
| 1.1. Metric trends | | | |
| 1.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1. | | #2 Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH) | The percentage of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment decreased by 15% from 81% in DY1 to 69% in DY2. This may be attributable in part to depressed utilization during the pandemic, particularly given that the look-back period for the numerator of this measure means that DY1 includes several months of pre-COVID data whereas DY2 includes only post-COVID data. |
| 1.2. Implementation update | | | |
| 1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1a. The licensure or accreditation processes for participating hospitals and residential settings | X | | |
| 1.2.1b. The oversight process (including unannounced visits) to ensure participating hospital and residential settings meet state’s licensing or certification and accreditation requirements | X | | |
| 1.2.1c. The utilization review process to ensure beneficiaries have access to the appropriate levels and types of care and to provide oversight on lengths of stay | X | | |
| 1.2.1d. The program integrity requirements and compliance assurance process | X | | |
| 1.2.1e. The state requirement that psychiatric hospitals and residential settings screen beneficiaries for co-morbid physical health conditions, SUDs, and suicidal ideation, and facilitate access to treatment for those conditions | X | | |

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| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|--|---|----------------------------|----------------|
| 1.2.1f. Other state requirements/policies to ensure good quality of care in inpatient and residential treatment settings | X | | |
| 1.2.2. The state expects to make other program changes that may affect metrics related to Milestone 1. | X | | |

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|----------------------------|----------------|
| 2. Improving Care Coordination and Transitions to Community-Based Care (Milestone 2) | | | |
| 2.1. Metric trends | | | |

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|--|---|--|--|
| <p>2.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2.</p> | | <p>#4: 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF)</p> | <p>The rate of unplanned, 30-day, readmission for demonstration beneficiaries with a primary discharge diagnosis of a psychiatric disorder or dementia/Alzheimer’s disease increased by 10% from 19% in DY1 to 21% in DY2. We attribute the increase to Medicaid receiving authority to pay for more of these services and an increase in billing from 2020 to 2021. There also may have been changes in the nature of the population with stays in 2021 compared to 2020 with regard to their readmission probabilities.</p> |
| | | <p>#6: Medication Continuation Following Inpatient Psychiatric Discharge</p> | <p>The rate of psychiatric patients admitted to an inpatient psychiatric facility (IPF) for major depressive disorder (MDD), schizophrenia, or bipolar disorder who filled a prescription for evidence-based medication within 2 days prior to discharge and 30 days post-discharge decreased by 3% from 73% in DY1 to 71% in DY2. We attribute the decline to including 2019 in DY1, as it is a two-year measure, because this was a pre-COVID year. The following years after 2019 included the COVID-19 pandemic where utilization, including prescription fills, may have been lower.</p> |
| | | <p>#7: Follow-up After Hospitalization for Mental Illness: Ages 6-17 (FUH-CH)</p> | <p>The percentage of discharges for which the child received follow-up within 30 days after discharge decreased by 4% from 72% in DY1 to 69% in DY2 and the percentage of discharges for which the child received follow-up within 7 days after discharge decreased by 6% from 52% in DY1 to 49% in DY2. With regard to adults, the percentage of discharges with follow-up within 30 days after discharge decreased by 4% from 71% in DY1 to 69% in DY2. We attribute this decline in part to the COVID-19 pandemic. For example, during the pandemic, there were fewer touch points for children to be assessed (e.g., via in-person schooling) and this may have affected their likelihood of receiving follow-up care.</p> |
| | | <p>#8: Follow-up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD)</p> | <p>The percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit increased by 13% from 9.87% in DY1 to 11.11% in DY2. The percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit increased by 7% from 6.00% in DY1 to 6.41% in DY2. These data</p> |
| | <p>#9: Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse (FUA-AD)</p> | <p>The percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit increased by 13% from 9.87% in DY1 to 11.11% in DY2. The percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit increased by 7% from 6.00% in DY1 to 6.41% in DY2. These data</p> | |

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| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|
| | | #10: Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD) | <p>are trending in a positive direction due to the behavioral health work in the District.</p> <p>The percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit decreased by 12% from 70% in DY1 to 61% in DY2. The percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit decreased by 15% from 58% in DY1 to 50% in DY2. As indicated for other measures above, we attribute this decline in part to the COVID-19 pandemic.</p> |
| 2.2. Implementation update | | | |
| 2.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 2.2.1a. Actions to ensure that psychiatric hospitals and residential treatment settings carry out intensive pre-discharge planning, and include community-based providers in care transitions | X | | |
| 2.2.1b. Actions to ensure psychiatric hospitals and residential settings assess beneficiaries' housing situations and coordinate with housing services providers | X | | |
| 2.2.1c. State requirement to ensure psychiatric hospitals and residential settings contact beneficiaries and community-based providers within 72 hours post discharge | X | | |
| 2.2.1d. Strategies to prevent or decrease the lengths of stay in EDs among beneficiaries with SMI or SED (e.g., through the use of peers and psychiatric consultants in EDs to help with discharge and referral to treatment providers) | X | | |
| 2.2.1e. Other State requirements/policies to improve care coordination and connections to community-based care | X | | |

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|
| 2.2.2. The state expects to make other program changes that may affect metrics related to Milestone 2. | X | | |
| 3. Access to Continuum of Care, Including Crisis Stabilization (Milestone 3) | | | |
| 3.1. Metric trends | | | |
| 3.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3. | | #13 Mental Health Services Utilization - Inpatient #16: Mental Health Services Utilization – ED #17 Mental Health Services Utilization - Telehealth #18 Mental Health Services Utilization - Any | DHCF calculates the following changes that were less or more than 2% between DY2 Q4 (10/1/21 – 12/31/21) and DY3 Q1 (1/1/22 – 3/31/22). We attribute these changes to the COVID-19 omicron surge that occurred during the winter months. <ul style="list-style-type: none"> • There was a 3% decrease in the number of beneficiaries receiving inpatient services. The decrease in beneficiaries utilizing inpatient care was largest in January 2022 when the Omicron surge was highest, followed by a resurgence of utilization in February and March of 2022. • There was a 13% increase in the number of beneficiaries receiving ED services. ED utilization followed a similar trend as inpatient utilization. There were substantial decreases in the number seeking ED services in December 2021 and January 2022 during the height of the Omicron surge, followed by a rebound in ED utilization in February and March 2022. • There was a 6% increase in the number of beneficiaries receiving telehealth services. The Omicron surge likely led to an increase in telehealth utilization. • There was a 4% increase in the number of beneficiaries using any mental health service. The overall increase was driven by the telehealth change discussed above. |
| 3.2. Implementation update | | | |
| 3.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1a. State requirement that providers use an evidenced-based, publicly-available patient assessment tool to determine appropriate level of care and length of stay | X | | |

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| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|
| 3.2.1b. Other state requirements/policies to improve access to a full continuum of care including crisis stabilization | X | | |
| 3.2.2. The state expects to make other program changes that may affect metrics related to Milestone 3. | X | | |
| 4. Earlier Identification and Engagement in Treatment, Including Through Increased Integration (Milestone 4) | | | |
| 4.1. Metric trends | | | |
| 4.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4. | | #29: Metabolic Monitoring for Children and Adolescents on Antipsychotics #30: Follow-Up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication | The percentage of children and adolescents on antipsychotics who received cholesterol testing decreased by 3% from 26.5% in DY1 to 25.7% in DY2. The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing increased by 3% from 23.7% in DY1 to 24.5% in DY2. The percentage with blood glucose testing increased slightly, by 1%. Due to the limited population of individuals in the measure, we attribute some of these changes to small numbers. The percentage of Medicaid beneficiaries age 18 years and older with new antipsychotic prescriptions who have completed a follow-up visit with a provider with prescribing authority within four weeks (28 days) of prescription of an antipsychotic medication decreased by 3% from 78% in DY1 to 75% in DY2. As indicated for other measures above, we attribute this decline in part to the COVID-19 pandemic. |
| 4.2. Implementation update | | | |
| 4.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 4.2.1a. Strategies for identifying and engaging beneficiaries in treatment sooner (e.g., with supported education and employment) | X | | |

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| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|----------------------------|----------------|
| 4.2.1b. Plan for increasing integration of behavioral health care in non-specialty settings to improve early identification of SED/SMI and linkages to treatment | X | | |
| 4.2.1c. Establishment of specialized settings and services, including crisis stabilization services, focused on the needs of young people experiencing SMI or SED | X | | |
| 4.2.1d. Other state strategies to increase earlier identification/engagement, integration, and specialized programs for young people | X | | |
| 4.2.2. The state expects to make other program changes that may affect metrics related to Milestone 4. | X | | |

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|--|---|--|--|
| 5. SMI/SED health information technology (health IT) | | | |
| 5.1. Metric trends | | | |
| 5.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics. | | Q1: Active DC HIE behavioral health provider users S1: DC Medicaid-enrolled behavioral health care facilities/providers receiving data from the HIE Q2: Behavioral health providers managed in provider directory Q3: Number of behavioral health users who performed a patient care snapshot in the last 30 days | Q1: The number of active DC HIE behavioral health provider users increased by 3.5% due to the activities of the HIE Connectivity grant. As outlined in the implementation plan, the HIE Connectivity grant provides technical assistance to connect nearly all Medicaid providers to HIE by 2022 and behavioral health providers were assigned priority for technical assistance. S1: The number of DC Medicaid-enrolled behavioral health care facilities/providers receiving data from the HIE increased by 5.4% due to the activities of the HIE Connectivity grant, as described above. Q2: The 48.5% increase in the number of behavioral health providers managed in provider directory is due to the District’s vendor beginning to use a new way to categorize providers using their taxonomy codes in November 2021. Q3: The 4.2% decrease in the number of behavioral health users who performed a patient care snapshot is due to natural variation. |
| 5.2. Implementation update | | | |
| 5.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 5.2.1a. The three statements of assurance made in the state’s health IT plan | X | | |

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| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|--|---|
| 5.2.1b. Closed loop referrals and e-referrals from physician/mental health provider to physician/mental health provider and/or physician/mental health provider to community-based supports | X | | |
| 5.2.1c. Electronic care plans and medical records | X | | |
| 5.2.1d. Individual consent being electronically captured and made accessible to patients and all members of the care team | X | | |
| 5.2.1e. Intake, assessment and screening tools being part of a structured data capture process so that this information is interoperable with the rest of the health IT ecosystem | X | | |
| 5.2.1f. Telehealth technologies supporting collaborative care by facilitating broader availability of integrated mental health care and primary care | X | | |
| 5.2.1g. Alerting/analytics | X | | |
| 5.2.1h. Identity management | X | | |
| 5.2.2. The state expects to make other program changes that may affect metrics related to health IT. | X | | |
| 6. Other SMI/SED-related metrics | | | |
| 6.1. Metric trends | | | |
| 6.1.1. The state reports the following metric trends, including all changes (+ or -) greater than two percent related to other SMI/SED-related metrics. | | #36: Grievances Related to Services for SMI/SED #38: Critical Incidents Related to Services for SMI/SED | The District believes that the 500% increase in grievances and 48% decrease in critical incidents are due to natural variation. |

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|----------------------------|----------------|
| 6.2. Implementation update | | | |
| 6.2.1. The state expects to make the following program changes that may affect other SMI/SED-related metrics. | X | | |

4. Narrative information on other reporting topics

| Prompt | State has no trends/update to report (place an X) | State response |
|---|---|----------------|
| 7. Annual Assessment of the Availability of Mental Health Services (Annual Availability Assessment) | | |
| 7.1. Description of changes to baseline conditions and practices | | |
| 7.1.1. Describe and explain any changes in the mental health service needs (for example, prevalence and distribution of SMI/SED) of Medicaid beneficiaries with SMI/SED compared to those described in the Initial Assessment of the Availability of Mental Health Services. Recommended word count is 500 words or less. | X | |
| 7.1.2. Describe and explain any changes to the organization of the state’s Medicaid behavioral health service delivery system compared to those described in the Initial Assessment of the Availability of Mental Health Services. Recommended word count is 500 words or less. | X | |

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| Prompt | State has no trends/update to report (place an X) | State response |
|--|---|----------------|
| 7.1.3. Describe and explain any changes in the availability of mental health services for Medicaid beneficiaries with SMI/SED in the state compared to those described in the Initial Assessment of the Availability of Mental Health Services. At minimum, explain any changes across the state in the availability of the following services: inpatient mental health services; outpatient and community-based services; crisis behavioral health services; and care coordination and care transition planning. Recommended word count is 500 words or less. | X | |
| 7.1.4. Describe and explain any changes in gaps the state identified in the availability of mental health services or service capacity while completing the Annual Availability Assessment compared to those described in the Initial Assessment of the Availability of Mental Health Services. Recommended word count is 500 words or less. | X | |
| 7.1.5. Describe and explain whether any changes in the availability of mental health services have impacted the state’s maintenance of effort (MOE) on funding outpatient community-based mental health services. Recommended word count is 500 words or less. | X | |
| 7.2. Implementation update | | |
| 7.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 7.2.1a. The state’s strategy to conduct annual assessments of the availability of mental health services across the state and updates on steps taken to increase availability | X | |

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| Prompt | State has no trends/update to report (place an X) | State response |
|---|---|----------------|
| 7.2.1b. Strategies to improve state tracking of availability of inpatient and crisis stabilization beds | X | |
| 8. Maintenance of effort (MOE) on funding outpatient community-based mental health services | | |
| 8.1. MOE dollar amount | | |
| 8.1.1. Provide as a dollar amount the level of state appropriations and local funding for outpatient community-based mental health services for the most recently completed state fiscal year. | X | |
| 8.2. Narrative information | | |
| 8.2.1. Describe and explain any reductions in the MOE dollar amount below the amount provided in the state’s application materials. The state should confirm that it did not move resources to increase access to treatment in inpatient or residential settings at the expense of community-based services. | X | |
| 9. SMI/SED financing plan | | |
| 9.1. Implementation update | | |
| 9.1.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 9.1.1a. Increase availability of non-hospital, non-residential crisis stabilization services, including services made available through crisis call centers, mobile crisis units, and observation/assessment centers, with a coordinated community crisis response that involves law enforcement and other first responders | X | |

| Prompt | State has no trends/update to report (place an X) | State response |
|--|---|--|
| 9.1.1b. Increase availability of on-going community-based services, e.g., outpatient, community mental health centers, partial hospitalization/day treatment, assertive community treatment, and services in integrated care settings such as the Certified Community Behavioral Health Clinic model | X | |
| 10. Budget neutrality | | |
| 10.1. Current status and analysis | | |
| 10.1.1. Describe the current status of budget neutrality and an analysis of the budget neutrality to date. If the SMI/SED component is part of a broader demonstration, the state should provide an analysis of the SMI/SED-related budget neutrality and an analysis of budget neutrality as a whole. | | The District is planning to submit a request for technical corrections to the PMPM threshold upon which our 1115 Behavioral Health Transformation waiver budget neutrality is based. Two of the MEGs have been affected by fundamental and unforeseen changes in the underlying assumptions made to create the PMPM thresholds including: 1) direction from CMS not to include the \$1 MAT copay waiver in our expenditure reports, and 2) the transition of approximately 18,000 aged, blind, and disabled persons from the DC Medicaid’s FFS program into managed care on October 1, 2020. |
| 10.2. Implementation update | | |
| 10.2.1. The state expects to make the following program changes that may affect budget neutrality. | | The District plans to implement changes to the methodologies used to calculate rates for some waiver services in FY24 (Q4 of WY4). Many of these services will also be carved into our managed care contracts. These changes will likely result in rate increases and/or significant shifts from the underlying assumptions used to calculate the current PMPM thresholds. The agency is in the midst of fine-tuning these anticipated programmatic changes and is unable to calculate impact at this time. |

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| Prompt | State has no trends/update to report (place an X) | State response |
|---|---|--|
| 11. SMI/SED-related demonstration operations and policy | | |
| 11.1. Considerations | | |
| 11.1.1. The state should highlight significant SMI/SED (or if broader demonstration, then SMI/SED-related) demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SMI/SED demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See Monitoring Report Instructions for more detail. | | The COVID-19 public health emergency has the potential to broadly affect DC Medicaid. The public health emergency could impact beneficiary enrollment, access to services, and timely provision of services. |
| 11.2. Implementation update | | |
| 11.2.1. The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities. | X | |
| 11.2.2. The state is working on other initiatives related to SMI/SED. | X | |
| 11.2.3. The initiatives described above are related to the SMI/SED demonstration as described (The state should note similarities and differences from the SMI/SED demonstration). | X | |
| 11.2.4. Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.4a. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service) | X | |

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| Prompt | State has no trends/update to report (place an X) | State response |
|---|---|---|
| 11.2.4b. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes) | X | |
| 11.2.4c. Partners involved in service delivery | X | |
| 11.2.4d. The state Medicaid agency’s Memorandum of Understanding (MOU) or other agreement with its mental health services agency | X | |
| 12. SMI/SED demonstration evaluation update | | |
| 12.1. Narrative information | | |
| 12.1.1. Provide updates on SMI/SED evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. There are specific requirements per the Code of Federal Regulations (CFR) for annual reports. See Monitoring Report Instructions for more details. | | In accordance with the District’s approved evaluation design: <ul style="list-style-type: none"> • AIR continued to develop code for quantitative data analysis and DHCF provided guidance as needed. • AIR continued work on developing the interim evaluation report by conducting data analysis and report writing. • AIR held a kick-off and additional meetings on the provider availability assessment task. • AIR began the literature review for the provider availability assessment task. • AIR began drafting a framework for tracking SUD/SMI provider availability. |
| 12.1.2. Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs. | X | |
| 12.1.3. List anticipated evaluation-related deliverables related to this demonstration and their due dates. | X | |
| 13. Other demonstration reporting | | |
| 13.1. General reporting requirements | | |
| 13.1.1. The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol. | X | |

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| Prompt | State has no trends/update to report (place an X) | State response |
|--|---|----------------|
| 13.1.2. The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes. | X | |
| 13.1.3. The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation. | X | |
| 13.1.4. Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.4a. The schedule for completing and submitting monitoring reports | X | |
| 13.1.4b. The content or completeness of submitted monitoring reports and/or future monitoring reports | X | |
| 13.2. Post-award public forum | | |
| 13.2.1. If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual monitoring report. | X | |

| Prompt | State has no trends/update to report (place an X) | State response |
|--|---|----------------|
| 14. Notable state achievements and/or innovations | | |
| 14.1. Narrative information | | |
| 14.1.1. Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SMI/SED (or if broader demonstration, then SMI/SED related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries. | X | |

*The state should remove all example text from the table prior to submission.

Note: Licensee and state must prominently display the following notice on any display of Measure rates:

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