1. Title page for the state's substance use disorder (SUD) demonstration or the SUD 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.

State	District of Columbia
Demonstration name	Behavioral Health Transformation
Approval period for section 1115 demonstration	01/01/2020 – 12/31/2024
SUD demonstration start date[a]	01/01/2020
Implementation date of SUD demonstration, if different from SUD demonstration start date[b]	
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	The goal of the demonstration is for the District to maintain and enhance access to opioid use disorder (OUD) and other substance use disorder (SUD) services; and continue delivery system improvements to provide more coordinated and comprehensive treatment for Medicaid beneficiaries with SUD. This demonstration authorizes the District to receive federal financial participation (FFP) for delivering high-quality, clinically appropriate treatment to beneficiaries diagnosed with SUD 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 SUD services at varied levels of intensity, and to combat OUD and other SUDs among District residents.
SUD demonstration year and quarter	SUD DY3Q2
Reporting period	04/01/2022 – 06/30/2022

[a] SUD 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 SUD demonstration approval. For example, if the state's STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD 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 SUD demonstration:** The date the state began claiming federal financial participation for services provided to individuals in institutions for mental disease.

2. Executive summary

There were some significant changes in the SUD quarterly and annual measures, 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. Assessment of need and qualification for SUD services			
1.1 Metric trends			
1.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services		#2: Medicaid Beneficiaries with Newly Initiated SUD Treatment/ Diagnosis	There was a 15% increase in the number of Medicaid beneficiaries with newly initiated SUD treatment/diagnosis between DY2 Q4 (10/1/21-12/31/21) and DY3 Q1 (1/1/22 – 3/31/22). We attribute this increase in part to the design of the measure. There was a decline in the prior quarter, leading to more beneficiaries who qualify to be counted in the measure in the current quarter.
1.2 Implementation update			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to:			
1.2.1.i. The target population(s) of the demonstration	X		
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		
1.2.2 The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.1 Metric trends			

2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1		#9: Intensive Outpatient and Partial Hospitalization Services
		
		#10: Residential and Inpatient Services
		
		#12: Medication-Assisted Treatment (MAT)
		
		#22: Continuity of Pharmacotherapy for Opioid Use Disorder
			DHCF calculated the following changes in the quarterly metrics 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).
			• There was a 50% decrease in the number of Medicaid beneficiaries receiving intensive outpatient and partial hospitalization services. The District attributes the large decrease to the small numbers in this measure.
			• There was a 31% decrease in the number of Medicaid beneficiaries receiving residential and inpatient services. We attribute the decrease to:
			  ○ Capacity limits on bed space in residential programs that were implemented due to the Omicron surge.
			  ○ A loss of two residential providers that potentially decreased the number of beds available at any given time.
			  ○ An update to the authorization process that holds providers to a consistent standard of care and limits services to those that are medically necessary. While improving quality of care, this has disrupted legacy administrative processes for some providers in the short term.
			• There was a 4% decrease in the number of beneficiaries receiving MAT. It was driven in part by a drop-off in billing by one of the District's methadone providers, which artificially decreased claims-based measures.
			
			The percentage of adults 18 years of age and older with pharmacotherapy for OUD who have at least 180 days of continuous treatment decreased by 10% from 54.43 in DY1 to 48.98 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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			utilization, including pharmacotherapy, may have been lower. We are also aware of billing issues associated with a change in ownership of one methadone provider that could be impacting the results. DHCF revised the result from DY1 (54.43 indicated above) to reflect updated coding and can submit updated data to CMS if needed.
2.2 Implementation update			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 2.2.1.i. Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient services, intensive outpatient services, medication-assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)	X		
2.2.1.ii. SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs	X		
2.2.2 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
3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
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 2			
3.2. Implementation update			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria	X		
3.2.1.ii. Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings	X		
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
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 3 *Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.*	X		
4.2 Implementation update			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards	X		
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.	X		
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	X		
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.1 Metric trends			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4			
5.2 Implementation update			
5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care	X		
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4	X		
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			

6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5		#18: Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) #21: Concurrent Use of Opioids and Benzodiazepines (COB-AD)	We attribute the positive change in the opioid metrics below to a variety of policies implemented in the last few years: (1) CDC's Guideline for Prescribing Opioids for Chronic Pain (est. in 2016). (2) DHCF's Pharmacy Lock-In Program (est. in 2017). (3) DHCF's Medication Therapy Management (MTM) Services (est. in 2017). (4) DHCF's Morphine Milligram Equivalents (MME) Policy (est. in 2018). (5) DC Health's Prescription Drug Monitoring Program (mandatory query by prescribers & pharmacists before prescribing & dispensing opioids & benzodiazepines began in March 2021). (6) CRISP DC (the DC designated patient health information exchange platform used by prescribers, pharmacists & other healthcare workers; est. in 2021). (7) DC Health's "Guideline for Prescribing Opioids for Chronic Pain" (est. in 2021). (8) DHCF's "A Collaborative Approach for Safe Use of Opioids" Resource Material (est. November 2021). In particular, it is likely that the PDMP (#5) and CRISP DC (#6) would have direct impacts on the declines in these measures. There was a 40% decrease in the percentage of beneficiaries age 18 and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more, from 75 in DY1 to 45 in DY2. DHCF revised the result from DY1 to reflect updated coding and can submit updated data to CMS if needed. There was a 6% decrease in the percentage of beneficiaries age 18 and older with concurrent use of

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			prescription opioids and benzodiazepines, from 12.18 in DY1 to 11.47 in DY2. DHCF revised the result from DY1 to reflect updated coding and can submit updated data to CMS if needed.
6.2 Implementation update			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		
6.2.1.ii. Expansion of coverage for and access to naloxone	X		
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric trends			

7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6		#15: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD)	IET measures with less or greater than 2% change between DY1 and DY2. • Initiation of AOD Treatment - Alcohol abuse or dependence increased by 32% from 37.06 to 48.88 • Initiation of AOD Treatment - Other drug abuse or dependence increased by 54% from 31.11 to 47.9 • Initiation of AOD Treatment - Total AOD abuse of dependence increased by 37% from 33.48 to 45.88 • Engagement of AOD Treatment - Alcohol abuse or dependence increased by 28% from 4.76 to 6.07 • Engagement of AOD Treatment - Opioid abuse or dependence decreased by 17% from 14.60 to 12.08 • Engagement of AOD Treatment - Other drug abuse or dependence increased by 27% from 3.71 to 4.73 • Engagement of AOD Treatment - Total AOD abuse of dependence increased by 11% from 5.10 to 5.65 The IET changes are overwhelmingly in a positive direction and we attribute the changes to the behavioral health work being done in the District. However, opioid use challenges continue, with a variety of activities aimed at this issue in addition to the District's 1115 waiver.
		#17(1): Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD)	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 are trending in a positive direction due to the behavioral health work in the District. The percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
		#17(2): Follow-up after Emergency Department Visit for Mental Illness (FUM-AD)	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
7.2 Implementation update			
7.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports	X		
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		
8. SUD health information technology (health IT)			
8.1 Metric trends			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.1.1 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.
8.2 Implementation update			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		
How health IT is being used to treat effectively individuals identified with SUD	X		
8.2.1.ii. How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD	X		
8.2.1.iii. Other aspects of the state's plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels	X		
8.2.1.iv. Other aspects of the state's health IT implementation milestones	X		
8.2.1.v. The timeline for achieving health IT implementation milestones	X		
8.2.1.vi. Planned activities to increase use and functionality of the state's prescription drug monitoring program	X		
8.2.2 The state expects to make other program changes that may affect metrics related to health IT	X		
9. Other SUD-related metrics			
9.1 Metric trends			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics		#23: Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries #24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries #32: Access to Preventive/ Ambulatory Health Services for Adult Medicaid #33: Grievances Related to SUD Services #35: Critical Incidents Related to SUD Services	There was a 5% decrease in the number of Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries and 8% decrease in the number of Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries between DY2 Q4 (10/1/21 - 12/31/21) and DY3 Q1 (1/1/22 – 3/31/22). We attribute the decrease to the COVID Omicron surge. There was a 3% decrease in the rate of beneficiaries receiving preventive/ambulatory services from 88.69 in DY1 to 86.39 in DY2. We attribute this decrease to reduced utilization during the COVID-19 pandemic. The District attributes the 100% decrease in grievances and 100% increase in critical incidents to natural variation.
9.2 Implementation update			
9.2.1 The state expects to make the following program changes that may affect other SUD-related metrics	X		

4. Narrative information on other reporting topics

Prompts	State has no update to report (Place an X)	State response
10. Budget neutrality		
10.1 Current status and analysis		
10.1.1 If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.		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 MEG 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 other 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.

Prompts	State has no update to report (Place an X)	State response
11. SUD-related demonstration operations and policy		
11.1 Considerations		
11.1.1 The state should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect 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 SUD demonstration's approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.		The COVID-19 public health emergency has the potential to broadly affect DC Medicaid. The public health emergency would impact beneficiary enrollment, access to services, and timely provision of services.
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:		
11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)	X	
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.iii. Partners involved in service delivery	X	
11.2.2 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	

Prompts	State has no update to report (Place an X)	State response
11.2.3 The state is working on other initiatives related to SUD or OUD		In September 2019, the District received a SUPPORT Section 1003 planning grant to increase the treatment capacity of Medicaid providers to deliver substance use disorder treatment and recovery services. In August 2020, the District received a second State Opioid Response (SOR) grant.
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration)		The SUPPORT Section 1003 planning grant complements the 1115 SUD demonstration. The funding allows the District to support behavioral health transformation in several ways: • Conduct a comprehensive needs assessment of Medicaid provider capacity to diagnose and treat SUD • Provide education and technical assistance among Medicaid providers to build provider capacity to treat individuals with SUD in community settings • Build critical infrastructure to support appropriate, privacy-preserving information exchange The SOR 2 grant complements the 1115 SUD demonstration. The funding allows the District to support behavioral health transformation in several ways: • Increase entry points into the system of care (e.g., mobile screening and MAT in high need communities) • Coordinate care as individuals move through the system by supporting the development of a care management entity and care managers at the DC Jail • Provide training, technical assistance, coaching, and consultation to SUD providers/health care professionals to increase their ability to address client needs • Implement a coordinated approach at the community level by facilitating key stakeholders in each ward to work collaboratively around prevention, community outreach, and education initiatives

Prompts	State has no update to report (Place an X)	State response
12. SUD demonstration evaluation update		
12.1 Narrative information		
12.1.1 Provide updates on SUD 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 Code of Federal Regulations (CFR) for annual reports. See report template instructions for more details.		In accordance with the District's approved evaluation design: • 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	
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	

Prompts	State has no update to report (Place an X)	State response
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to:		
13.1.3.i. The schedule for completing and submitting monitoring reports	X	
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	X	
13.2 Post-award public forum		
13.2.2 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 report.	X	
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 SUD (or if broader demonstration, then SUD 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 states must prominently display the following notice on any display of Measure rates:

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