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

State	Idaho
Demonstration name	Idaho Behavioral Health Transformation.
Approval period for section 1115 demonstration	04/17/2020-03/31/2025
SMI/SED demonstration start date[a]	04/17/2020
Implementation date of SMI/SED demonstration, if different from SMI/SED demonstration start date[b]	
SMI/SED (or if broader demonstration, then SMI/SED - related) demonstration goals and objectives	This demonstration will provide the state with authority to provide high-quality, clinically appropriate treatment to beneficiaries with serious mental illness (SMI) or serious emotional disturbance (SED) and/or substance use disorder (SUD) while they are short-term residents in residential and inpatient treatment settings that qualify as Institutions for Mental Diseases (IMDs). It will also support state efforts to implement models of care focused on increasing support for individuals in the community and home, outside of institutions, and improve access to a continuum of SMI/SED and/or SUD evidence-based services at varied levels of intensity. This continuum of care shall be based on the American Society of Addiction Medicine (ASAM) criteria and/or other nationally recognized assessment and placement tools that reflect evidence-based clinical treatment guidelines.
SMI/SED demonstration year and quarter	DY2Q3
Reporting period	10/01/2021-12/31/2021

2. Executive summary

On November 18, 2021, the state received approval for its submitted monitoring protocols. Idaho worked with the Medicaid Enterprise Systems team and Medicaid Management Information System (MMIS) contractor, IBM Watson Health, to build these quality metrics. The state's first submission of the metrics was on February 28, 2022 and resubmitted March 11, 2022, correcting the reporting period. Idaho Medicaid's goals are to use the performance metrics to demonstrate progress towards meeting the waiver's milestones and to create a better understanding of the impacts of the waiver on quality and cost of care.

Idaho released the Idaho Behavioral Health Plan (IBHP) contract solicitation on December 30, 2021, requesting proposals in a competitive negotiation process structured similarly to a Request for Proposal (RFP). The state has chosen this negotiation approach with the intent to allow bidders to propose innovative approaches to providing behavioral health services through the managed care contract. The contract resulting from this procurement will add behavioral health inpatient and emergency department services as well as substance use disorder (SUD) residential services to a contract that previously only included outpatient behavioral health services.

The ongoing COVID pandemic has impacted Idahoans' access to health care services including behavioral health. The state saw positive COVID-19 case counts decrease toward the end of 2021 resulting in the Idaho Department of Health and Welfare (DHW) deactivating Crisis Standards of Care (CSC) in the southern half of the state on November 22, 2021, and in the northern Panhandle on December 20, 2021. While the number of COVID-19 cases remained high and continued to stress the healthcare systems through the end of the quarter, the surge no longer exceeded the healthcare resources available. Idaho continued to educate Idahoans about COVID-19 through social media platforms, websites, and weekly media briefings throughout DY2Q3.

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.	X		
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		
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			
2.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2.	X		
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		
2.2.2. 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
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.			Idaho Medicaid has identified that SMI Metric #16- Mental Health Services Utilization – ED, may be showing a low value for our first reporting period. Idaho will continue to work with our data and contracts teams to ensure the quality of the data is good and will flag this metric for review in the months leading up to the next reporting period.
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		
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.			The Division of Behavioral Health's (DBH) Idaho Strong Crisis Counseling Program and COVID Help Now Line were funded through December 28, 2021. Efforts during this quarter were focused on phasing down the program, which provided emotional support, education, and resource navigation services to Idahoans struggling with the impacts of COVID-19. During the program's life (August 2, 2020-December 28, 2021), the COVID Help Now Line answered 2,907 phone calls and responded to 514 text messages and 96 chat messages. A team of individuals around the state also provided virtual and in-person outreach to food banks, schools, and other community resources to promote the COVID-19 Help Now Line, educate on the impacts of COVID-19, and offer coping strategies and emotional support.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.	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: 4.2.1a. Strategies for identifying and engaging beneficiaries in treatment sooner (e.g., with supported education and employment)	X		
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.	X		
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.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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		
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 2 percent related to other SMI/SED-related metrics.	X		

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	

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	

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 values for the budget neutrality workbook and supporting documentation file have been populated consistently with the approach for prior quarter reporting
10.2. Implementation update		
10.2.1. The state expects to make the following program changes that may affect budget neutrality.	X	
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.	X	

Prompt	State has no trends/update to report (place an X)	State response
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).		In September 2021, DBH awarded a subgrant to a federally qualified health center (FQHC) with multiple clinical sites across Southwest Idaho. The intent of the subgrant was to provide community-based behavioral health treatment and recovery support services for individuals with serious mental illness who have been impacted by COVID-19. Due to difficulties with obtaining qualified staff to provide services, the subgrant was unable to be implemented. DBH anticipates redirecting these funds to increase access to SUD treatment and recovery support services for individuals impacted by COVID-19. DBH COVID-19 –related grants continue to fund three Emergency Department Psychiatric Triage Centers (ED-PTC) located in Southern Idaho. These ED-PTCs have completed more than 300 triages for individuals in crisis, helping to alleviate the strain on hospital emergency departments during COVID-19. A marketing campaign was revamped to increase awareness of the Crisis Counseling Assistance for Frontline Workers program, which offers free counseling sessions for healthcare, frontline, and essential workers experiencing stress or trauma due to the impact of the pandemic. During this quarter the program received 42 calls and conducted 8 intakes; it is anticipated that the program will see higher utilization with the launch of the revamped media campaign.
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	
11.2.4b. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	

Prompt	State has no trends/update to report (place an X)	State response
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.	X	
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	

Prompt	State has no trends/update to report (place an X)	State response
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		On November 18, 2021, CMS approved Idaho's monitoring protocol. The state reported its first round of quarterly metrics on February 28, 2022, and resubmitted on March 11, 2022, with the correct reporting period.
13.1.4b. The content or completeness of submitted monitoring reports and/or future monitoring reports		Idaho will report the quarterly metrics for the first time on February 28, 2022. CMS pointed out discrepancy in the correct reporting period and the state was able to correct the reports and resubmit on March 11, 2022, with the correct reporting period data.
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.		Idaho released the IBHP contract solicitation on December 30, 2021, requesting proposals in a competitive negotiation process structured similarly to an RFP. The state has chosen this negotiation approach with the intent to allow bidders to propose innovative approaches to providing behavioral health services through the managed care contract. The contract resulting from this procurement will add behavioral health inpatient and emergency department services as well as SUD residential services to a contract that previously only included outpatient behavioral health services. As part of the Idaho Behavioral Health Council (IBHC) 2021-2024 Strategic Action Plan, a Behavioral Health Workforce Plan has been published to address the shortage of behavioral health professionals statewide. The plan focuses on five areas: recruitment, education, credentialing, employment, and retention. The next step for the IBHC in this project is to develop more detailed implementation plans for each recommendation. These plans will include specific action steps and timelines for achievement, identification of roles and responsibilities for sponsors and stakeholders, and criteria for how the system improvements will be measured. In December 2021, the DBH finalized and posted to the DHW website, their State of Idaho Behavioral Best Practices Standards after seeking public comments. The purpose of the standards is to provide minimum requirements, best practices, standard protocols, and other guidance for those providing behavioral health services to adults, children, and youth.