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

The Centers for Medicare & Medicaid Services (CMS) customized the Monitoring Report Template (Version 2.0) to support Idaho's retrospective reporting of monitoring data for its section 1115 serious mental illness and serious emotional disturbance (SMI/SED) demonstration. The state should use this customized template to report on retrospective metric trends as requested in the Monitoring Report Instructions (p. 12 of Version 2.0). This template was customized for retrospective reporting in the following ways:

- *Added footnote C to the title page in section 1*
- *The prompts in section 3 that requested implementation updates were removed.*
- *Section 4 (Narrative information on other reporting topics) has been removed entirely.*

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.

State	*Idaho*
Demonstration name	*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[c]	*SMI/SED DY1Q1 – SMI/SED DY2Q2*
Reporting period[c]	*04/01/2020 – 09/30/2021*

[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.

[c] **SMI/SED demonstration year and quarter, and reporting period.** The demonstration year, quarter, and calendar dates associated with the monitoring reports in which the metric trends would have been reported according to the reporting schedule in the state's approved monitoring protocol. For example, if the state's first monitoring report after monitoring protocol approval is its SMI/SED DY2Q2 monitoring report, the retrospective reporting period is considered SMI/SED DY1Q1 through SMI/SED DY2Q1.

2. Executive summary

The executive summary should be reported in the fillable box below. It is intended for summary-level information only. The recommended word count is 500 or less.

With waiver approval April 17th, 2020, the state has experienced opportunities for growth in both SMI and SUD milestone initiatives throughout the implementation phase of the demonstration. The state received final approval of its monitoring protocols on November 18, 2021 and submitted the first round of metrics on February 28, 2022.

This monitoring report contains some early data related to the states SMI/SED demonstration. In April 2020 the state saw decreases in service utilization aligning the increased number of Idahoans affected by the pandemic. The state increased access to mental health services for Medicaid beneficiaries, with the support of Idaho's governor who signed an executive order on June 22, 2020, making more than 150 emergency telehealth rules permanent, many focusing on expanding connected health platforms to improve access to care. In March 2021 the state saw utilization increases, outside of telehealth, this correlated with pandemic restrictions lifting, along with vaccination availability to Idahoans.

The state concluded its implementation phase. Idaho continues to work towards increasing access to care, expansion for coverage of Medicaid services, and improving care coordination and transitions between levels of care.

CMS provided feedback to Idaho on October 31, 2022, on several metrics. The state reviewed data and re-calculated trends, per CMS's feedback, Idaho's response is in the following report.

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		
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		

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.		SMI #13: Mental Health Services Utilization-Inpatient SMI #14: Mental Health Services Utilization-Intensive Outpatient and Partial Hospitalization SMI #15: Mental Health Services Utilization – Outpatient SMI #16: Mental Health Services Utilization-ED SMI #17: Mental Health Services Utilization-Telehealth SMI #18: Mental Health Services Utilization- Any Services	The state calculated the following changes that were less or more than 2% between DY1Q1 (4/1/2020-6/30/2020) to DY2Q2 (4/1/2021-6/30/2021). • The state saw a changes across the retrospective reporting period in the number of Medicaid beneficiaries with receiving inpatient services. o DY1Q1 to DY1Q2 increased by 5.72% o DY1Q2 to DY1Q3 decreased by 6.23% o DY1Q3 to DY1Q4 increased by 9.26% o DY1Q4 to DY2Q1 increased by 4.97% • The state saw a changes across the retrospective reporting period in the number of Medicaid beneficiaries with receiving intensive outpatient and partial hospitalization services. o DY1Q1 to DY1Q2 increased by 34.82% o DY1Q2 to DY1Q3 decreased by 4.50% o DY1Q3 to DY1Q4 increased by 37.11% o DY1Q4 to DY2Q1 decreased by 8.72% • The state saw a consistent increase across the retrospective reporting period in the number of Medicaid beneficiaries receiving outpatient services. o DY1Q1 to DY1Q2 decreased by 2.22% o DY1Q2 to DY1Q3 increased by 3.55% o DY1Q3 to DY1Q4 increased by 7.41% o DY1Q4 to DY2Q1 increased by 11.97% • The state saw a changes across the retrospective reporting period in the number of Medicaid beneficiaries with receiving ED services. o DY1Q1 to DY1Q2 increased by 23.64% o DY1Q2 to DY1Q3 increased by 16.18% o DY1Q3 to DY1Q4 increased by 12.66% o DY1Q4 to DY2Q1 decreased by 16.85% • The state saw a changes across the retrospective reporting period in the number of Medicaid beneficiaries with receiving telehealth services. o DY1Q1 to DY1Q2 increased by 5.19% o DY1Q2 to DY1Q3 increased by 10.26%

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			○ DY1Q3 to DY1Q4 decreased by 6.08% ○ DY1Q4 to DY2Q1 increased by 20.39% The state saw an increase in telehealth services in 2020, correlating with Idaho's governor facilitated administrative rule changes that extended telehealth access to Idahoans. There was a decrease in telehealth utilization beginning in 2021 which continued throughout calendar year, this corelates with increase in other service modalities being utilized. • The state saw a consistent increase across the retrospective reporting period in the number of Medicaid beneficiaries receiving mental health services. ○ DY1Q1 to DY1Q2 increased by 3.56% ○ DY1Q2 to DY1Q3 increased by 4.83% ○ DY1Q3 to DY1Q4 increased by 3.39% The state saw significant increases in mental health services utilization throughout DY1 until DY2Q2. The state believes there is a correlation between decrease in services and lifting of pandemic restrictions, along with vaccination availability to Idahoans beginning DY2Q1.

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.		SMI #21: Count of Beneficiaries with SMI/SED (monthly)	The state calculated the following changes that were less or more than 2% between DY1Q1 (4/1/2020-6/30/2020) to DY2Q2 (4/1/2021-6/30/2021). • The state saw a consistent increase across the retrospective reporting period in the number of Medicaid beneficiaries with SMI/SED. o DY1Q1 to DY1Q2 increased by 8.00% o DY1Q2 to DY1Q3 increased by 5.96% o DY1Q3 to DY1Q4 increased by 3.89% o DY1Q4 to DY2Q1 increased by 6.09% The state can attribute some of the increase to the public health emergency (PHE) requirements related to Medicaid disenrollment.
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		
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		

*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:

The MPT, FUH-CH, FUH-AD, FUA-AD, FUM-AD, AAP, and APM measures (#13, 14, 15, 16, 17, 18, 7, 8, 9, 10, 26, 29) are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided "as is" without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no

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