

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	Idaho
Demonstration name	Idaho Behavioral Health Transformation
Approval period for section 1115 demonstration	04/17/2020
SUD demonstration start date^a	04/17/2020 – 03/31/2025
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	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.
SUD demonstration year and quarter	SUD DY1Q2 report
Reporting period	7/1/2020 – 9/30/2020.

2. Executive summary

During Demonstration year 1 Quarter 2 (DY1Q2), the state met with multiple evaluation teams with differing backgrounds in evaluation reporting. The state also internally worked to understand access and capability of internal reporting options. The monitoring protocol metrics were reviewed with multiple internal teams to accurately outline which metrics could be reported, and if any metric required deviation. Internal teams also helped to create state and health IT metrics that would yield insights into trends in behavioral health outcomes. With health IT as a global focus, the state leveraged projects in place to begin writing health IT metrics that will drive future IT milestones.

As discussed in the previous quarter report, Idaho's demonstration implementation coincides with the Idaho Behavioral Health Plan contract rebid and development of the governor-appointed Idaho Behavioral Health Council. With many initiatives working toward a similar goal, the state and many stakeholders are working to increase communication and identify solutions to known gaps in the statewide behavioral health system of care. DY1Q2 saw the completion of an environmental scan for telehealth initiatives which started before COVID-19's telehealth push. The scan offered a considerable amount of feedback on future sustainability, along with concerns on licensure, liability, and reimbursement that will need to be addressed before the public health emergency ends. To ensure access during the current pandemic for medical and behavioral health services, Idaho's governor facilitated administrative rule changes that extended telehealth access.

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	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: 1.2.1.i. The target population(s) of the demonstration		2-12, 23, 24, 26, 27, 36	While not changing the original demonstration design, the state has considered adding an additional target subpopulation for monitoring protocol metrics #2-12, 23, 24, 26, 27, 36. In addition to looking at the subpopulation of participants diagnosed with opioid use disorder, the state will also add the subpopulation of participants diagnosed with alcohol abuse or dependence to allow for examination or comparison of populations.
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		

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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	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: <ul style="list-style-type: none"> 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) 			The state plans to improve access to care by covering services at American Society of Addiction Medicine (ASAM) level 3.5. The state has been reaching out to facilities and providers throughout DY1Q2 to elicit feedback on rate setting and certification. The state is looking at including a Commission on Accreditation of Rehabilitation Facilities (CARF) certification requirement for residential facilities providing care at ASAM levels 3.5, and 3.7. The state is still reviewing the specifics of the requirements and the CARF ASAM 3.5 program.
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			Level 3.5 residential Substance Use Disorder (SUD) care will be added to Medicaid-covered services. The planned start date for this new service will be late spring 2021; the state is currently working on the provider enrollment and certification process.
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		

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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	X		
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			Idaho Medicaid continues to work closely with the Division of Behavioral Health (DBH) to review current SUD placement strategies. There are eighteen (18) standards being reviewed and updated to ensure patients are able to access evidence-based and quality care.
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			Medicaid and DBH continue to work together to develop language to include in the Idaho Behavioral Health Plan (IBHP) contract Request for Proposal (RFP). This language will ensure proper guidance for implementation with the new managed care organization (MCO) contract. This request for proposal will be issued in Spring 2021.
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		

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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 <i>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.</i>	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			The state is looking at including a CARF certification requirement for residential facilities providing care at ASAM levels 3.5 and 3.7. The state is still reviewing specific requirements and the CARF ASAM program.
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.			CARF offers the state access to its portal indicating providers and facilities that are in compliance with qualifications. In addition to national accreditation, the state will require this certification to be in place for all residential facilities providing ASAM levels 3.5 and 3.7 prior to the end of the 24-month implementation period. The state will also outline a process for compliance to be written into the IBHP managed care contract.
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		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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	X		
5.2 Implementation update			
<p>5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care</p>			<p>The state is adding a new metric, Primary and Behavioral Health connected support; this metric will help provide insight into the availability of providers statewide.</p> <p>The state also plans to break metric 14; SUD Provider Availability – Medication Assisted Treatment (MAT) into 3 reported outcomes.</p> <p>(a) The CMS guided number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period and who meet the standards to provide buprenorphine or methadone as part of MAT;</p> <p>(b) the number of Opioid Treatment Program (OTP) site locations, and</p> <p>(c) the number of prescribers approved to prescribe buprenorphine overall.</p> <p>These additional metrics will help the state and CMS to assess provider and OTP availability statewide, which will allow more targeted interventions to expand access and improve quality of care.</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4			In September, Project Extension for Community Healthcare Outcomes (ECHO) Idaho held a MAT waiver training in which the Medical Director for the Idaho Department of Health and Welfare (IDHW), Division of Medicaid, Dr. Magni Hamso, MD, MPH, FACP acted as a trainer. Dr. Hamso also teaches regularly for Project ECHO Idaho, including during a DY1Q2 session that was held September 24 th .
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	X		
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			The State implemented a new Pharmacy Prior Authorization form for Analgesics-Opioid non preferred and/or Morphine Milligram Equivalents (MME) over 90 on August 5, 2020. The form requires a signed attestation by providers indicating they are providing safe long-term opioid treatment for chronic pain, including among other things co-prescribing naloxone, obtaining annual treatment agreements, and performing regular drug screens.
6.2.1.ii. Expansion of coverage for and access to naloxone	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5			The state plans to begin tracking naloxone usage by first responders statewide and providing this information to CMS through a state metric (S3) in the monitoring protocols.
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	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: 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			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics	X		
8.2 Implementation update			

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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			During the January 2020 legislative session, a new law requiring Prescription Drug Monitoring Program (PDMP) checking was passed; it will be implemented throughout the state beginning October 1, 2020. The Idaho State Board of Pharmacy posted on their website a Frequently Asked Questions (FAQ) sheet regarding mandatory checking on September 29, 2020.
How health IT is being used to treat effectively individuals identified with SUD			The state is examining the feasibility of connecting with an outside vendor to implement a database of community-based supports for individuals and their families impacted by SUD.
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			The state plans to build IT infrastructure and capability into the IBHP procurement.

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.iv. Other aspects of the state’s health IT implementation milestones			The following milestones were completed within DY1Q2: <ul style="list-style-type: none"> • Increase and enhance terminology services within the Idaho Health Data Exchange (IHDE) data Warehouse- completed August 21, 2020 • Connect Utah and eastern Oregon’s health exchange networks to the IHDE- completed September 23, 2020 • PDMP data connection to the IHDE for view only access- Completed September 30, 2020 • Idaho Board of Pharmacy purchased statewide Gateway license, to allow seamless integration of PDMP data into Electronic Health Records (EHR)- Completed September 30, 2020 • The statewide telehealth environmental scan of current use, barriers, and future state of telehealth and telehealth services- Completed September 30, 2020
8.2.1.v. The timeline for achieving health IT implementation milestones			The state anticipates reporting parameters, including frequency of reports, data, and prescriber and dispenser information, through the PDMP analytic tool for identification of required report information by June 30, 2021.
8.2.1.vi. Planned activities to increase use and functionality of the state’s prescription drug monitoring program	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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			
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X		
9.2 Implementation update			
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to 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		

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Prompts	State has no update to report (Place an X)	State response
<p>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.</p>		<p>The state reported on the Behavioral Health Transformation waiver expenditures in the Federal Fiscal Year (FFY) 2020- Q4 (July-September 2020) CMS64 report and entered a PPD adjustment for the FFY2020- Q3 to account for expenditures from April 17, 2020 through June 30, 2020. However, as the state has not yet been able to pull the necessary information from Schedule C of the CMS 64 Expenditure Report, the [C Report] tab remains unpopulated outside of the reporting period criteria at the top of the sheet and all actual expenditures appear on the [Total Adjustments] tab. We expect that [C Report] will include reported expenditures in subsequent reporting periods as the state is able to collect the necessary information from the CMS 64 report, though some expenditures may remain on the [Total Adjustments] tab based on differences between the amounts reported in the CMS 64 Expenditure Report and the amounts shown in the claim extracts.</p>
10.2 Implementation update		
<p>10.2.1 The state expects to make other program changes that may affect budget neutrality</p>		<p>Idaho is continuing to monitor enrollment and COVID-19 impacts on budget neutrality. Medicaid Expansion enrollment increased from 79,645 to 89,295 new members in DY1Q2. Idaho will continue to evaluate program data to assess these impacts.</p>
11. SUD-related demonstration operations and policy		
11.1 Considerations		
<p>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.</p>	X	

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Prompts	State has no update to report (Place an X)	State response
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:		Currently inpatient services are paid Fee for Service (FFS) and only outpatient services are paid through managed care. As part of the new IBHP MCO contract start date in 2022 the state plans to add inpatient and residential services to managed care, including coverage of ASAM levels 3.5, 3.7 and 4.0 residential SUD treatment.
11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)		
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		The state has been conducting outreach and meeting with facilities and providers throughout DY1Q2 to elicit feedback on rate setting and certification for ASAM level 3.5 coverage.
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	
11.2.3 The state is working on other initiatives related to SUD or OUD	X	
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)	X	

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Prompts	State has no update to report (Place an X)	State response
12. SUD demonstration evaluation update		
12.1 Narrative information		
<p>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.</p>		<p>The state had been in contract with The Center for Health Systems Effectiveness at Oregon Health & Science University for the evaluation design. An initial draft was completed on August 14, 2020. OHSU informed IDHW in late July that they would not be able to continue as the independent evaluator for the state’s Behavioral Health Transformation demonstration. Idaho Medicaid hence contacted eight potential evaluators and invited them to submit proposals. Six potential evaluators submitted proposals, and the finalist was selected based on evaluation requirements as established by CMS and a review of the evaluation budget. A finalist was selected on October 21, 2020, and Idaho provided CMS with a letter of commitment on October 30, 2020.</p>
<p>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</p>		<p>Due to new guidance and training implementation, the state has received an extension for the Monitoring Protocols originally due September 14. The state submitted the Monitoring Protocols on the approved extension date of October 26, 2020. CMS has also provided an extension for the evaluation design (November 30, 2020) due to the change in evaluator as described above. IDHW is on track to submit all other deliverables according to the guidance provided by CMS.</p>
<p>12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates</p>		<p>The state will submit the draft Evaluation design to CMS no later than November 30, 2020 (extension approved by CMS on October 7, 2020). IDHW is on track to submit all other deliverables according to the guidance provided by CMS and outlined in the STCs.</p>
13. Other demonstration reporting		
13.1 General reporting requirements		
<p>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</p>		<p>The state noted all data limitations that may affect reporting and proposals to phase-in reporting in Monitoring Protocols submitted October 26, 2020. DY1Q3 reporting will outline process and limitations in more detail.</p>

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Prompts	State has no 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 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	

Prompts	State has no 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 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	