

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 | 4/17/2020 |
| SUD demonstration start date^a | 4/17/2020 - 3/31/2025 |
| 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 DY1Q3 report |
| Reporting period | 10/01/2020-12/31/2020 |

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 words or less.

During Demonstration year 1 Quarter 3 (DY1Q3), the state held their Post Award Public Forum and Public Rule Hearing. The Post Award Public Forum was held October 21, 2020, and questions posed to the state focused on transitions between levels of care and step-down services. The public rule hearing held October 20, 2020, discussed a temporary rule that will be brought to the Idaho legislature in January 2021 to remove all mentions of the federal Institutions for Mental Diseases (IMD) exclusion, due to the approval of the Section 1115 Behavioral Health Transformation waiver. Throughout October, November, and December of 2020 the state held nine distinct stakeholder meetings targeted to specific groups including providers and community members to elicit feedback on the rebid of the Idaho Behavioral Health Plan (IBHP) and to discuss the waiver implementation plans. Presentations were also held at the scheduled Medical Care Advisory Committee (MCAC), Health Quality Planning Commission (HQPC) and Tribal meetings. In each meeting, members were given insight to the demonstration as well as its impact on the rebid and future MCO participation.

Internally, the state continued work to understand access and capability of internal reporting processes, much of which guided conversations with our evaluation team, The Pennsylvania State University (PSU). Both the state and PSU worked throughout the quarter to initiate a contract and submit the demonstration evaluation design. Meanwhile, monitoring protocol metrics were reviewed with internal teams who aided in revising state and Health IT metrics that would yield the best insights, and trends in behavioral health outcomes. The state also realized additional opportunities available for Health IT growth in this quarter, with companies such as Collective Medical Technologies Inc. Collective Medical operates a nationwide admit, discharge, or transfer (ADT) based care collaboration network. In Idaho, Collective Medical contracts with a diverse makeup of hospitals and health systems, hospital Accountable Care Organizations (ACOs), health plans, primary care, specialty care, and post-acute providers statewide. Applying and utilizing outside sources of IT infrastructure, such as Collective Medical, will aid the state in further Health IT growth and expansion.

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 | 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 | | |

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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: 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 ASAM level 3.5. The state has been reaching out to facilities and providers throughout this first demonstration year to elicit feedback on rate setting and Commission on Accreditation of Rehabilitation Facilities (CARF) certification requirements. |
| 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 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 | 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 | | |

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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 | 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 | | |

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| 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 | | | |
| 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 | 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 | | | Medication assisted treatment (MAT) at opioid treatment programs (OTPs) will be added as a Medicaid-covered service beginning January 1, 2021. During Quarters 1 through 3, Medicaid worked with the IBHP MCO to finalize the OTP coverage policy. |
| 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 | 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 | 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 | | | |
| 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 | | |

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| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|--|---|----------------------------|--|
| How health IT is being used to treat effectively individuals identified with 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 | | | <p>As the state works to define Health IT growth, additional opportunities are being recognized. The Idaho Health Data Exchange (IHDE) is a participant in the Patient Centered Data Home (PCDH) initiative, which is a method of exchanging patient information between Health Information Exchanges (HIE) across the country. The IHDE has connected to the Utah Health Information Exchange (UHIN), which is in turn connected to HIEs in Alaska, Arizona, California, Colorado, Hawaii, Iowa, Nebraska, North Dakota, Oregon, and Wyoming, dramatically increasing Idaho providers’ access to health information.</p> <p>The state also realized additional opportunities available for Health IT growth in this quarter, through collaboration with companies such as Collective Medical Technologies Inc. Collective Medical operates a nationwide ADT-based care collaboration network in over 40 states and is connected to multiple Idaho facilities, networks, and health plans.</p> |
| 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 | | |

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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.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 | | | |
| 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 was able to include detail to complete the [C Report] tab of the Budget Neutrality Workbook using Schedule C of the CMS 64 Expenditure Reports for DY1 Q1, Q2 and Q3. The [Total Adjustments] tab has been populated to balance the amounts in the claims extracts and the amounts reported on Schedule C of the CMS 64 reports.</p> <p>Through three quarters of DY1, the actual amount of utilizer member months was greater than the DY1 projections from the initial application. Thus, the utilizer member month projections for all demonstration years have been updated. The DY1 projection is based on historical member month through the first nine months of DY1. The DY2 – DY5 projections assume a 10% caseload trend from DY1 consistent with the initial application from March 2020. As a result of updating the utilizer member month projections, the total expenditures on the [WW Spending Projected] tab increased as well, using the higher utilizer member month projections and the PMPM cost projections from the initial application. Note that this waiver is a ‘per capita’ waiver, so budget neutrality is not affected by the utilizer member month projections.</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 expansion enrollment and the COVID-19 pandemic’s impact on the state’s budget neutrality. Expansion enrollment increased from 89,295 to 97,877 members in DY1 Q3. Idaho will continue to evaluate program data to assess these impacts.</p> |

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| 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. | | On October 20, 2020, the state held a public rule hearing to finalize temporary rule put in place January 1, 2020. This rule removes all mentions of the federal IMD exclusion, since this exclusion no longer applies with approval of Idaho Medicaid’s Section 1115 Behavioral Health Transformation waiver. |
| 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 | |
| 11.2.3 The state is working on other initiatives related to SUD or OUD | X | |

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| Prompts | State has no update to report (Place an X) | State response |
|--|--|--|
| 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 | |
| 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. | | The state provided CMS with a letter of commitment from Pennsylvania State University (PSU) on October 30, 2020, to be Idaho’s independent evaluator. Idaho Medicaid and PSU are negotiating the contract. |
| 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 | | The state submitted monitoring protocols on the approved extension date October 26, 2020. The protocols were sent back to the state and subsequently revised and resubmitted to CMS on January 29, 2021. The evaluation design was submitted on November 30, 2020 as outlined by CMS and was returned to the state for revision. The state is on track resubmit the evaluation design on February 27, 2021. The state is on track to submit all other deliverables according to the STCs provided by CMS. |
| 12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates | | The state will submit the revised draft evaluation design to CMS no later than February 27, 2021. |
| 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 | | The state noted all data limitations that may affect reporting and proposals to phase-in reporting in the Monitoring Protocols submitted January 29, 2021. |
| 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 | |

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| 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 | | All deviations and phased-in reporting were noted within the submitted monitoring protocols. |
| 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. | | The 1115 IMD Waiver Award Public Forum was held on October 21, 2020. The state presented and answered questions posed by the public. Topics included transitions in care, including discharge from acute care to home. The state noted its plan to leverage the new IBHP vendor to implement new initiatives around transitions in care, as well as forthcoming standards of care that are being developed in collaboration with DBH. The state also discussed its plan to begin coverage of ASAM level 3.5 residential SUD care. Public comments and feedback from the forum were posted to IDHW’s website. |

| 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 | |