

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 DY2Q1
Reporting period	01/01/2021 – 03/31/2021

^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

Near the end of DY1Q1, the COVID-19 public health emergency affected waiver implementation. Some District IMD providers altered admission policies and/or decreased patient volume to ensure the safety of their clients near the end of DY1Q1. The COVID-19 public health emergency continued to affect implementation of the Demonstration throughout DY1 and we believe the COVID-19 public health emergency will continue affecting implementation of the Demonstration going into future demonstration years.

The results of the claims-based metrics demonstrate that outpatient utilization continued to rebound during DY1Q4 since the initial drop in the early months of the COVID-19 pandemic.

There were significant increases in the HIT metrics due to the activities of the HIE Connectivity grant, as outlined in the implementation plan.

There were increases in the number of grievances and appeals because we began reporting data from our MCOs. There was also an increase in the number of critical incidents. We attribute this change 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	The number of Medicaid beneficiaries with newly initiated SUD treatment/diagnosis decreased by 4% between Q3 (7/1/20-9/30/20) and Q4 (10/1/20-12/31/20). We attribute this decrease to pent up demand for care during Q3 when utilization was rebounding after the initial drop due to the COVID-19 pandemic.
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			

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<p>2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1</p>		<p>#7: Early Intervention</p>	<p>The number of Medicaid beneficiaries receiving early intervention services decreased by 100% between Q3 (7/1/20-9/30/20) and Q4 (10/1/20-12/31/20). We attribute the large decrease to the small numbers in this measure.</p>
		<p>#8: Outpatient services</p>	<p>The number of Medicaid beneficiaries receiving outpatient services increased by 13% between Q3 (7/1/20-9/30/20) and Q4 (10/1/20-12/31/20). Utilization of outpatient services continues to rebound since the initial drop in the early months of the COVID-19 pandemic.</p>
		<p>#10: Residential and inpatient services</p>	<p>The number of Medicaid beneficiaries receiving residential and inpatient services decreased by 5% between Q3 (7/1/20-9/30/20) and Q4 (10/1/20-12/31/20). Although outpatient services continued to increase in Q4, the residential/inpatient decrease may be attributable in part to a resurgence of the COVID-19 pandemic if individuals were reluctant to obtain care in these settings. In addition, the MCO encounter volume currently in DHCF's Medicaid Management Information System for hospitals may not yet be fully reflective of all utilization for Q4 forward due to contract updates effective October 1, 2020.</p>
		<p>#9: Intensive Outpatient and Partial Hospitalization Services</p>	<p>The number of Medicaid beneficiaries receiving intensive outpatient and partial hospitalization services increased by 56% between Q3 (7/1/20-9/30/20) and Q4 (10/1/20-12/31/20). We attribute the large increase to the small numbers in this measure.</p>
		<p>#11: Withdrawal Management</p>	<p>The number of Medicaid beneficiaries receiving withdrawal management services increased by 7% between Q3 (7/1/20-9/30/20) and Q4 (10/1/20-12/31/20).</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			Utilization of withdrawal management services continues to rebound since the initial drop in the early months of the COVID-19 pandemic and exceeded the reported utilization in DY1 Q1.
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		

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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		

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			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5		#23: Emergency department utilization for SUD per 1,000 Medicaid beneficiaries	The rate of ED utilization per 1,000 beneficiaries decreased by 15% between Q3 (7/1/20-9/30/20) and Q4 (10/1/20-12/31/20). The decrease may be attributable in part to a resurgence of the COVID-19 pandemic if individuals were reluctant to obtain care in a hospital setting, which would depress the numerator of this measure. It also may be due in part to a rise in enrollment, which led to an increase in the denominator of this measure. In addition, as noted above, the MCO encounter volume currently in DHCF’s Medicaid Management Information System for hospitals may not yet be fully reflective of all utilization for Q4 forward due to contract updates effective October 1, 2020.
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			

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

<p>8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics</p>		<p>Q1: Active DC HIE behavioral health provider users</p> <p>S1: DC Medicaid-enrolled behavioral health care facilities/providers receiving data from the HIE</p> <p>S2: DC Medicaid-enrolled behavioral health care facilities/providers sending data to the HIE</p> <p>Q2: Behavioral health providers managed in provider directory</p> <p>Q3: DC HIE behavioral health users who performed a patient care snapshot in the last 30 days</p>	<p>Q1: The number of active DC HIE behavioral health provider users increased by 19.9% 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.</p> <p>S1: The number of DC Medicaid-enrolled behavioral health care facilities/providers receiving data from the HIE increased by 22.1% due to the activities of the HIE Connectivity grant, as described above.</p> <p>S2: The number of DC Medicaid-enrolled behavioral health care facilities/providers sending data to the HIE increased by 50% due to the activities of the HIE Connectivity grant, as described above.</p> <p>Q2: The 30.2% increase in the number of behavioral health providers managed in provider directory corresponds with the overall increase in the number of active DC HIE behavioral health provider users, as described above.</p> <p>Q3: The 20.6% increase in the number of DC HIE behavioral health users who performed a patient care snapshot in the last 30 days corresponds with the overall increase in the number of active DC HIE behavioral health provider users, as described above.</p>
<p>8.2 Implementation update</p>			

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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	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			

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Prompts	State has no update to report (Place an X)	State response
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.		DC is working to resolve some data issues regarding budget neutrality calculations. DC will submit Q1 budget neutrality reports with the Q2 reports submission on August 29, 2021.
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	
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 could 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	

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Prompts	State has no update to report (Place an X)	State response
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		<p>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.</p> <p>In August 2020, the District received a second State Opioid Response (SOR) grant.</p>

Prompts	State has no update to report (Place an X)	State response
<p>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)</p>		<p>The SUPPORT Section 1003 planning grant complements the 1115 SUD demonstration. The funding allows the District to support behavioral health transformation in several ways:</p> <ul style="list-style-type: none"> • 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 <p>The SOR 2 grant complements the 1115 SUD demonstration. The funding allows the District to support behavioral health transformation in several ways:</p> <ul style="list-style-type: none"> • 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 <p>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</p>

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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		
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: <ul style="list-style-type: none"> • The beneficiary survey was fielded. • The first round of qualitative data was collected through site visits and key informant interviews. • IMPAQ began developing code for quantitative data analysis. • IMPAQ discussed and planned for the mid-point assessment.
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		Due to the COVID-19 public health emergency and the dedication of staff resources elsewhere, the District requested a six-month extension to submit the SPAs for non-IMD services. On December 2, 2020, CMS approved the District’s extension request.
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> 13.1.3.i. The schedule for completing and submitting monitoring reports 	X	

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Prompts	State has no update to report (Place an X)	State response
13.1.3.ii. The content or completeness of submitted reports and/or future reports		Per STC #31, the District is to report on Quality Improvement Strategy measures for 1915-like HCBS in the annual demonstration monitoring reports. The Quality Improvement Strategy was approved in February 2021 and the District was granted an extension for reporting until the DY2Q2 monitoring reports.
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.

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