

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-25-26  
Baltimore, Maryland 21244-1850



---

## State Demonstrations Group

November 17, 2021

Juliet Charron  
State Medicaid Director  
Division of Medicaid  
Idaho Department of Health and Welfare  
PO Box 83720  
Boise, Idaho 83720

Dear Ms. Charron:

The Centers for Medicare & Medicaid Services (CMS) completed its review of the Substance Use Disorder (SUD) and Serious Mental Illness (SMI) or serious emotional disturbance (SED) Monitoring Protocols, which is required by the Special Terms and Conditions (STCs), specifically STCs #20, of Idaho's section 1115 demonstration, "Idaho Behavioral Health Transformation" (Project No: 11-W-00339/10), effective through March 31, 2025. CMS determined that the Monitoring Protocols, which were submitted on October 26, 2020 and revised on October 29, 2021, meets the requirements set forth in the STCs, and thereby approves the state's SUD and SMI/SED Monitoring Protocols.

The Monitoring Protocols are approved for the demonstration period through March 31, 2025 and are hereby incorporated into the demonstration STCs as Attachment E (see attached). In accordance with STC #45 (Public Access), the approved SUD and SMI/SED Monitoring Protocols may now be posted to your state's Medicaid website.

We look forward to our continued partnership on the Idaho Behavioral Health Transformation demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

**Danielle**  
**Daly -S**

Digitally signed by  
Danielle Daly -S  
Date: 2021.11.17  
16:03:33 -05'00'

Danielle Daly  
Director  
Division of Demonstration Monitoring and Evaluation

cc: Laura D'Angelo, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

**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 as part of its monitoring protocol. This form should be submitted 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.*

<b>State</b>	Idaho
<b>Demonstration name</b>	Idaho Behavioral Health Transformation
<b>Approval period for section 1115 demonstration</b>	4/17/2020 –3/31/2025
<b>SUD demonstration start date<sup>a</sup></b>	4/17/2020
<b>Implementation date of SUD demonstration, if different from SUD demonstration start date<sup>b</sup></b>	
<b>SUD (or if broader demonstration, then SUD-related) demonstration goals and objectives</b>	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.

**2. Acknowledgement of narrative reporting requirements**

The state has reviewed the narrative questions in the Monitoring Report Template provided by CMS and understands the expectations for quarterly and annual monitoring reports. The state will provide the requested narrative information (with no modifications).

**3. Acknowledgement of budget neutrality reporting requirements**

The state has reviewed the Budget Neutrality Workbook provided by the CMS demonstration team and understands the expectations for quarterly and annual monitoring reports. The state will provide the requested budget neutrality information (with no modifications).

**4. Retrospective reporting**

The state is not expected to submit metrics data until after protocol approval, to ensure that data reflects the monitoring plans agreed upon by CMS and the state. Prior to monitoring protocol approval, the state should submit quarterly and annual monitoring reports with narrative updates on implementation progress and other information that may be applicable, according to the requirements in its STCs.

For a state that has monitoring protocols approved after one or more initial quarterly monitoring report submissions, it should report metrics data to CMS retrospectively for any prior quarters of the section 1115 SUD demonstration that precede the monitoring protocol approval date. A state is expected to submit retrospective metrics data—provided there is adequate time for preparation of these data—in its second monitoring report submission that contains metrics. The retrospective report for a state with a first SUD DY of less than 12 months, should include data for any baseline period quarters preceding the demonstration, as described in Part A of the state’s monitoring protocols (see Appendix B of the instruction for further guidance determining baseline periods for first SUD DYs that are less than 12 months.) If a state needs additional time for preparation of these data, it should propose an alternative plan (i.e., specify the monitoring report that would capture the data) for reporting retrospectively on its section 1115 SUD demonstration.

In the monitoring report submission containing retrospective metrics data, the state should also provide a general assessment of metrics trends from the start of its demonstration through the end of the current reporting period. The state should report this information in Part B of its report submission (Section 3: Narrative information on implementation, by milestone and reporting topic). This general assessment is not intended to be a comprehensive description of every trend observed in the metrics data. Unlike other monitoring report submissions, for instance, the state is not required to describe all metric changes (+ or - greater than 2 percent). Rather, the assessment is an opportunity for a state to provide context on its retrospective metrics data and to support CMS's review and interpretation of these data. For example, consider a state that submits data showing an increase in the number of medication-assisted treatment (MAT) providers (Metric #14) over the course of the retrospective reporting period. This state may decide to highlight this trend for CMS in Part B of its report (under Milestone 4) by briefly summarizing the trend and explaining that during this period, a grant supporting training for new MAT providers throughout its state was implemented.

For further information on how to compile and submit a retrospective report, the state should review Section B of the Monitoring Report Instructions document.

- The state will report retrospectively for any quarters prior to monitoring protocol approval as described above, in the state's second monitoring report submission that contains metrics after protocol approval.
- The state proposes an alternative plan to report retrospectively for any quarters prior to monitoring protocol approval