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

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	Idaho Behavioral Health Transformation
Approval period for section 1115 demonstration	04/17/2020
SMI/SED demonstration start date[a]	04/17/2020 – 03/31/2025
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	SMI/SED DY1Q2 report
Reporting period	7/1/2020 -09/30/2020

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. 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*		
1.2. Implementation update			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1a. The licensure or accreditation processes for participating hospitals and residential settings	*X*		
1.2.1b. The oversight process (including unannounced visits) to ensure participating hospital and residential settings meet state's licensing or certification and accreditation requirements	*X*		
1.2.1c. The utilization review process to ensure beneficiaries have access to the appropriate levels and types of care and to provide oversight on lengths of stay	*X*		
1.2.1d. The program integrity requirements and compliance assurance process	*X*		
1.2.1e. The state requirement that psychiatric hospitals and residential settings screen beneficiaries for co-morbid physical health conditions, SUDs, and suicidal ideation, and facilitate access to treatment for those conditions			The state expects to report screening data based on claims submission for DY1 and DY2. The state plans to phase in reporting with additional medical records review with the new MCO contract in 2022.
1.2.1f. Other state requirements/policies to ensure good quality of care in inpatient and residential treatment settings			Staff of the state's Divisions of Medicaid and Behavioral Health (DBH) have worked in close collaboration to develop draft standard language. DBH will maintain these standards, which will be finalized and included as requirements for the 2022 IBHP contract.
1.2.2. The state expects to make other program changes that may affect metrics related to Milestone 1.	*X*		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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*		
2.2. Implementation update			
2.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 2.2.1a. Actions to ensure that psychiatric hospitals and residential treatment settings carry out intensive pre-discharge planning, and include community-based providers in care transitions			Medicaid and DBH have collaborated to develop draft standard language to ensure intensive pre-discharge planning is conducted and appropriately documented.
2.2.1b. Actions to ensure psychiatric hospitals and residential settings assess beneficiaries' housing situations and coordinate with housing services providers			The state plans to add an additional state-specific metric that will address post discharge housing needs prior to and within 72 hours discharge. The state's Medicaid and DBH staff have worked in close collaboration to review and further develop standard language to ensure discharge planning from inpatient psychiatric facilities includes assessing participants' housing needs.
2.2.1c. State requirement to ensure psychiatric hospitals and residential settings contact beneficiaries and community-based providers within 72 hours post discharge			The state's Medicaid and DBH staff have worked in close collaboration to review and further develop standard language regarding requirements for contact with beneficiaries and community-based providers within 72 hours post-discharge.
2.2.1d. Strategies to prevent or decrease the lengths of stay in EDs among beneficiaries with SMI or SED (e.g., through the use of peers and psychiatric consultants in EDs to help with discharge and referral to treatment providers)	*X*		
2.2.1e. Other State requirements/policies to improve care coordination and connections to community-based care	*X*		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.2. The state expects to make other program changes that may affect metrics related to Milestone 2.	*X*		
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.	*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: 3.2.1a. State requirement that providers use an evidenced based, publicly available patient assessment tool to determine appropriate level of care and length of stay	*X*		
3.2.1b. Other state requirements/policies to improve access to a full continuum of care including crisis stabilization	*X*		Medicaid and DBH have been working on crisis stabilization language that will go into the IBHP request for proposals.
3.2.2. The state expects to make other program changes that may affect metrics related to Milestone 3.	*X*		
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.	*X*		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.2. Implementation update			
4.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 4.2.1a. Strategies for identifying and engaging beneficiaries in treatment sooner (e.g., with supported education and employment)			DBH expanded the Substance Abuse Treatment and Reentry (STAR) program • On September 1, 2020, DBH contracted with Pathways of Idaho, a community provider in Region 4. • There are currently 4 STAR programs in place (Regions 3, 4, 6 and 7). Additionally, the state is considering creating or reworking current standards to add language about early identification and engagement of participants with or at risk of SMI/SED. These standards would be included in the IBHP contract. The contractor would develop strategies to identify participants who are at risk of SMI/SED and the contractor would have policies and procedures in place that outline these strategies and track the efforts and outcomes.
4.2.1b. Plan for increasing integration of behavioral health care in non-specialty settings to improve early identification of SED/SMI and linkages to treatment	*X*		
4.2.1c. Establishment of specialized settings and services, including crisis stabilization services, focused on the needs of young people experiencing SMI or SED	*X*		
4.2.1d. Other state strategies to increase earlier identification/engagement, integration, and specialized programs for young people	*X*		
4.2.2. The state expects to make other program changes that may affect metrics related to Milestone 4.	*X*		
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*		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.2. Implementation update			
5.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 5.2.1a. The three statements of assurance made in the state's health IT plan	*X*		
5.2.1b. Closed loop referrals and e-referrals from physician/mental health provider to physician/mental health provider and/or physician/mental health provider to community-based supports	*X*		
5.2.1c. Electronic care plans and medical records	*X*		
5.2.1d. Individual consent being electronically captured and made accessible to patients and all members of the care team	*X*		
5.2.1e. Intake, assessment, and screening tools being part of a structured data capture process so that this information is interoperable with the rest of the health IT ecosystem	*X*		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.2.1f. Telehealth technologies supporting collaborative care by facilitating broader availability of integrated mental health care and primary care			The Division of Public Health contracted with Stonewall Analytics to complete the "Telehealth Environmental Scan." A final report was presented on September 25, 2020. Recommendations were passed on to the Telehealth Task Force who researched and explored rates of adoption, various uses, innovations, and challenges associated with integrating telehealth services into patient care. Additionally, the Telehealth Task Force submitted their final recommendation and action plan on October 15, 2020 to the Healthcare Transformation Council of Idaho (HTCI) and Health Quality Planning Commission (HQPC). Telehealth Task Force DY1Q2 milestones completed: • July 2020- Review draft of report, incorporate edits and prepare final report • August 2020- Report findings to HTCI • September 2020- Initial Drafting
5.2.1g. Alerting/analytics	*X*		
5.2.1h. Identity management			In order to control access to health-related information, meet regulatory requirements, link health information with the correct individual, and link health outcomes with providers, organizations, and care teams, the state required the HIE (IHDE) to complete the following: • Increase and enhance terminology services within the IHDE's data warehouse • Clean up the backlog of mismatched or unmatched records in the master patient index • Silo and require user access authentication for SUD data • Enhance match rates of the master patient index While IHDE implemented semantic interoperability and cleaned up the backlog of mismatched enterprise master patient index (EMPI) records. The regulated exchange of SUD data and enhancing the master patient index are ongoing.

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 health IT.			DBH has contracted with Julota to complete a roadmap and implement a statewide community resource database. A committee was established in June and virtual focus groups occurred in July and August. Julota presented a report and final recommendations on September 14, 2020.
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*		
6.2. Implementation update			
6.2.1. The state expects to make the following program changes that may affect other SMI/SED-related metrics.	*X*		

4. Narrative information on other reporting topics

Prompt	State has no trends/update to report (place an X)	State response
7. Annual Assessment of the Availability of Mental Health Services (Annual Availability Assessment)		
7.1. Description of changes to baseline conditions and practices		
7.1.1. Describe and explain any changes in the mental health service needs (for example, prevalence and distribution of SMI/SED) of Medicaid beneficiaries with SMI/SED compared to those described in the Initial Assessment of the Availability of Mental Health Services. Recommended word count is 500 words or less.	*X*	
7.1.2. Describe and explain any changes to the organization of the state's Medicaid behavioral health service delivery system compared to those described in the Initial Assessment of the Availability of Mental Health Services. Recommended word count is 500 words or less.	*X*	

Prompt	State has no trends/update to report (place an X)	State response
7.1.3. Describe and explain any changes in the availability of mental health services for Medicaid beneficiaries with SMI/SED in the state compared to those described in the Initial Assessment of the Availability of Mental Health Services. At minimum, explain any changes across the state in the availability of the following services: inpatient mental health services; outpatient and community-based services; crisis behavioral health services; and care coordination and care transition planning. Recommended word count is 500 words or less.	*X*	
7.1.4. Describe and explain any changes in gaps the state identified in the availability of mental health services or service capacity while completing the Annual Availability Assessment compared to those described in the Initial Assessment of the Availability of Mental Health Services. Recommended word count is 500 words or less.	*X*	
7.1.5. Describe and explain whether any changes in the availability of mental health services have impacted the state's maintenance of effort (MOE) on funding outpatient community-based mental health services. Recommended word count is 500 words or less.	*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: 7.2.1a. The state's strategy to conduct annual assessments of the availability of mental health services across the state and updates on steps taken to increase availability	*X*	
7.2.1b. Strategies to improve state tracking of availability of inpatient and crisis stabilization beds	*X*	
8. Maintenance of effort (MOE) on funding outpatient community-based mental health services		

Prompt	State has no trends/update to report (place an X)	State response
8.1. MOE dollar amount		
8.1.1. Provide as a dollar amount the level of state appropriations and local funding for outpatient community-based mental health services for the most recently completed state fiscal year.	*X*	
8.2. Narrative information		
8.2.1. Describe and explain any reductions in the MOE dollar amount below the amount provided in the state's application materials. The state should confirm that it did not move resources to increase access to treatment in inpatient or residential settings at the expense of community-based services.	*X*	
9. SMI/SED financing plan		
9.1. Implementation update		
9.1.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 9.1.1a. Increase availability of non-hospital, non-residential crisis stabilization services, including services made available through crisis call centers, mobile crisis units, and observation/assessment centers, with a coordinated community crisis response that involves law enforcement and other first responders	*X*	
9.1.1b. Increase availability of on-going community-based services, e.g., outpatient, community mental health centers, partial hospitalization/day treatment, assertive community treatment, and services in integrated care settings such as the Certified Community Behavioral Health Clinic model	*X*	

Prompt	State has no trends/update to report (place an X)	State response
10. Budget neutrality		
10.1. Current status and analysis		
10.1.1. Describe the current status of budget neutrality and an analysis of the budget neutrality to date. If the SMI/SED component is part of a broader demonstration, the state should provide an analysis of the SMI/SED-related budget neutrality and an analysis of budget neutrality as a whole.		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.
10.2. Implementation update		
10.2.1. The state expects to make the following program changes that may affect budget neutrality.		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.
11. SMI/SED-related demonstration operations and policy		
11.1. Considerations		
11.1.1. The state should highlight significant SMI/SED (or if broader demonstration, then SMI/SED-related) demonstration operations or policy considerations that could positively or negatively impact 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 SMI/SED demonstration's approved goals or objectives, if not already reported elsewhere in this document. See Monitoring Report Instructions for more detail.	*X*	

Prompt	State has no trends/update to report (place an X)	State response
11.2. Implementation update		
11.2.1. 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*	
11.2.2. The state is working on other initiatives related to SMI/SED.	*X*	
11.2.3. The initiatives described above are related to the SMI/SED demonstration as described (The state should note similarities and differences from the SMI/SED demonstration).		In conjunction with the Idaho Office of Emergency Management, DBH established a COVID-19 crisis counseling hotline in early August. COVID Help Now offers statewide support for anyone facing challenges associated with the global pandemic. COVID Help Now responders provide emotional support and assist with immediate crisis needs by connecting callers with resources in their own communities. The COVID Help Now responders are available by phone, text, or website chat twelve hours a day, seven days a week. From its start date of August 2, 2020, through October 31, 2020, the COVID Help Now Line answered 581 calls, responded to 147 text and chat messages, and provided 1,159 referrals to Idahoans struggling as a result of the pandemic.
11.2.4. Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.4a. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)	*X*	
11.2.4b. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	*X*	
11.2.4c. Partners involved in service delivery	*X*	
11.2.4d. The state Medicaid agency's Memorandum of Understanding (MOU) or other agreement with its mental health services agency	*X*	

Prompt	State has no trends/update to report (place an X)	State response
12. SMI/SED demonstration evaluation update		
12.1. Narrative information		
12.1.1. Provide updates on SMI/SED 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 the Code of Federal Regulations (CFR) for annual reports. See Monitoring Report Instructions for more details.		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 guidance 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.
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.		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.
12.1.3. List anticipated evaluation-related deliverables related to this demonstration and their due dates.		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.
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 on October 26, 2020. Q3 reporting will outline processes and limitations in more detail.
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. The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.	*X*	

Prompt	State has no trends/update to report (place an X)	State response
13.1.4. Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.4a. The schedule for completing and submitting monitoring reports	*X*	
13.1.4b. The content or completeness of submitted monitoring reports and/or future monitoring reports	*X*	
13.2. Post-award public forum		
13.2.1. 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 monitoring 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 SMI/SED (or if broader demonstration, then SMI/SED 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*	